

EAST SUFFOLK COUNTY COUNCIL.




ANNUAL REPORT

OF THE

County Medical Officer of Health.

1935.



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PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
IPSWICH.

To the Chairman and Members of the County Council.

MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present to you my Annual Report for the year 1935. The most notable happening was an outbreak of paratyphoid fever, mainly confined to Lowestoft; the epidemic lasted from August to the end of October.

The birth rate is lower than that of the previous year and the corrected death rate is the same. An encouraging feature is the infant mortality rate, 36.7 per 1,000 live births; the lowest previously recorded for the County was 43 in 1933.

The cancer death rate has risen and is the highest on record, but as a counter to this the tuberculosis death rate has never before been so low.

I have the honour to be,

Your obedient servant,

BERNARD WOOD-WHITE,
County Medical Officer.

8th June, 1936.

GENERAL STATISTICS.

Area : 548,607 acres.—1st April, 1934.

Population 1935 : 208,500 (As estimated by the Registrar-General).

Population, Census 1931 : 207,475.

Number of inhabited houses, Census 1931 : 52,513.

Number of families or separate occupiers, Census 1931 : 53,933.

Rateable Value : £1,000,067 (year commencing 1st April, 1935).

Sum represented by a penny rate : £3,803 (estimated). Year commencing 1st April, 1935.

Natural and Social Conditions of the Area.

Geology, Industry, Commerce. These subjects were dealt with fully in my report for 1930 ; there has been no alteration requiring comment and persons desiring information are referred to that report.

1935

Extracts from Vital Statistics for the Year.

<i>Live Births :</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>	} Birth rate per 1,000 of estimated population :— 13.97.
Legitimate	1,397	1,379	2,776	
Illegitimate	66	70	136	
<i>Stillbirths :</i>				} Rate per 1,000 total (live and still) births :— 43.99.
Legitimate	78	51	129	
Illegitimate	2	3	5	
<i>Deaths :</i>	1,338	1,243	2,581	} Crude death rate per 1,000 of estimated population :—12.38. Corrected death rate :—10.35.

<i>Deaths from Puerperal Causes :</i>	<i>Deaths.</i>	<i>Rate per 1,000 total births.</i>
Puerperal Sepsis	3	.98
Other Puerperal Causes	4	1.31
Total	7	2.29

Death Rate of Infants under one year of age :

All Infants per 1,000 live births	36.7
Legitimate Infants per 1,000 legitimate live births	36.02
Illegitimate Infants per 1,000 illegitimate live births	51.48
Deaths from Measles (all ages)	—
„ Whooping Cough (all ages)	8
„ Diarrhoea (under 2 years of age)	3
Cancer Death Rate per 1,000	1.98
Tuberculosis Death Rate per 1,000 ....	.58

TABLE I.

BIRTHS.

(Still Births are excluded).

Year.	Total.	Birth Rate per 1,000 Population.			
		Urban.	Rural.	Administra- tive County.	England and Wales.
1916	3936	20.1	19.6	19.8	21.0
1917	3450	18.7	16.8	17.5	17.8
1918	3761	20.2	18.0	19.0	17.7
1919	3791	19.3	18.6	18.9	18.5
1920	5161	26.2	25.3	25.7	25.5
1921	4517	22.1	21.4	21.7	22.4
1922	4205	20.4	19.8	20.1	20.4
1923	4033	19.4	18.9	19.1	19.7
1924	3803	17.6	18.0	17.8	18.8
1925	3546	16.6	16.8	16.7	18.3
1926	3430	15.8	16.5	16.2	17.8
1927	3352	15.4	16.1	15.8	16.7
1928	3294	14.8	16.1	15.5	16.7
1929	3303	14.6	16.3	15.6	16.3
1930	3441	15.4	16.8	16.2	16.3
1931	3163	15.0	15.6	15.3	15.8
1932	3070	14.0	15.2	14.7	15.3
1933	2851	13.2	13.9	13.6	14.4
1934	2998	13.5	15.1	14.3	14.8
1935	2912	13.4	14.4	13.9	14.7

Birth Rate.

This year there has again been a fall in the birth rate and for the second time it is less than 14 per 1,000, but 1933 with its low figure still holds the record. Of late years there has been a tendency for the County rate to be below that for the country and again this year this is so. It is worthy of notice that from 1916 to 1923 the urban rate slightly exceeded the rural, but since that time without exception the rural rate has been higher. The time has not yet arrived when the fall in the birth rate has ceased and a stable rate is established.

TABLE II.
ILLEGITIMATE BIRTHS.

Year.	Total.	Birth Rate per 1,000 Population.			
		Urban.	Rural.	Administra- tive County.	England and Wales.
1916	294	1.4	1.5	1.5	—
1917	305	1.3	1.7	1.6	—
1918	342	1.7	1.7	1.7	—
1919	309	1.5	1.6	1.5	—
1920	326	1.3	1.8	1.6	—
1921	252	1.2	1.2	1.2	1.02
1922	247	0.9	1.4	1.2	0.89
1923	224	0.8	1.2	1.0	0.82
1924	218	0.8	1.1	1.0	0.78
1925	156	0.5	0.9	0.7	0.74
1926	209	0.7	1.2	1.0	0.76
1927	194	0.8	0.9	0.9	0.74
1928	161	0.6	0.9	0.7	0.75
1929	162	0.6	0.8	0.7	0.74
1930	217	0.9	1.1	1.0	0.75
1931	165	0.6	1.0	0.8	0.70
1932	156	0.6	0.8	0.7	0.67
1933	168	0.8	0.8	0.8	0.63
1934	133	0.6	0.7	0.6	0.64
1935	136	0.5	0.7	0.6	—

Illegitimate Birth Rate.

The illegitimate birth rate is almost identical with that of last year, though actually there were three fewer births in 1934. The rural rate is slightly higher than the urban, and has been consistently so since 1916, except upon three occasions when the two rates were the same. This is to be expected when all the factors likely to be responsible for illegitimate births are taken into consideration.

TABLE III.

DEATHS.

Year.	Total.	Death Rate per 1,000 Population.				Administra- tive County Corrected Death Rate.
		Urban.	Rural.	Administra- tive County.	England and Wales.	
1916	2604	14.1	14.4	14.2	*14.3	
1917	2594	13.8	15.4	14.7	*14.2	
1918	2748	15.6	15.4	15.5	*17.3	
1919	2598	12.4	14.2	13.4	*14.0	
1920	2247	9.7	11.7	10.8	*12.4	
1921	2272	10.4	11.5	11.0	12.1	
1922	2616	12.2	12.9	12.6	12.8	
1923	2153	9.8	10.8	10.3	11.6	
1924	2430	11.0	11.9	11.6	12.2	
1925	2422	10.9	12.0	11.6	12.2	
1926	2478	11.1	12.5	11.9	11.6	
1927	2485	11.0	12.5	11.9	12.3	
1928	2264	10.6	10.9	10.8	11.7	
1929	2701	12.1	13.4	12.9	13.4	
1930	2325	11.0	11.1	11.07	11.4	
1931	2578	11.1	13.1	12.6	12.3	
1932	2513	11.9	12.1	12.0	12.0	
1933	2480	11.9	11.8	11.9	12.3	
1934	2591	11.7	13.0	12.4	11.8	10.3
1935	2581	12.0	12.6	12.3	11.7	10.3

*Civilians only.

Death Rate.

The crude death rate and the corrected death rate are the same as in 1934, the factor given last year by the Registrar-General being repeated. I explained in my last report that the corrected death rate shows the real mortality figure for the area and it is this figure that must be compared with the rate for England and Wales to gauge the healthiness of the County. Where 11.7 per 1,000 persons died in the country, 10.3 per 1,000 only died in the County.

Although I continue to give the urban and rural rates it is not possible to compare these with each other because they are both merely crude death rates and I am not able to apply the factor to these individual rates; in order to obtain a true picture each would no doubt have to be multiplied by a different factor.

TABLE IV.

The following Table shows the deaths in their appropriate age groups for the last ten years :—

Year.	Death Rate.	0—	1—	2—	5—	15—	25—	45—	65—	75—	Total
1926	11.9	234	39	40	58	72	211	517	552	755	2,478
1927	11.9	193	35	45	59	73	224	502	535	819	2,485
1928	10.8	157	24	24	48	75	185	512	528	711	2,264
1929	12.9	160	40	39	68	77	216	539	626	936	2,701
1930	11.07	151	17	28	60	81	193	507	568	720	2,325
1931	12.6	171	23	36	58	86	180	515	584	925	2,578
1932	12.0	136	23	19	46	79	196	534	612	868	2,513
1933	11.9	124	17	21	43	63	92	342	893	885	2,480
1934	12.4	138	35	28	49	89	76	303	950	923	2,591
1935	12.3	107	21	30	32	79	63	281	1013	955	2,581

Table IV. is of some use though there cannot be a real comparison from year to year as the numbers of people alive in each age group are not known ; these naturally vary in each period of twelve months and it would be incorrect to suggest that because in 1935 nearly twice as many people died between the ages of 65 and 75 as in 1928, people of this age are now more inclined to die than previously, for during these eight years the number of people in this age group must have increased considerably and that being so, the number dying is likely to be greater.

The Table shows an inclination for deaths gradually to be pushed upwards into the 65-75 onwards age group ; this is probably an indication of the gradual aging of the population of the County and the falling birth rate combined with a stationary death rate must be largely responsible for this alteration. It is somewhat surprising that 76% of the deaths in the area occurred in persons over the age of 65 years, and in 1926—10 years ago—this percentage was only 52. The position cannot be properly ascertained until another census is taken when a true comparison between 1931 and 1941 can be made. This Table does suggest, however, that young people are less in evidence and that the proportion of middle-aged and elderly folk is increasing.

TABLE V.

DEATHS OF CHILDREN UNDER ONE YEAR.

Year.	Total.	Rate per 1,000 Births.			
		Urban.	Rural.	Administra- tive County.	England and Wales.
1916	312	91	71	79	91
1917	266	73	81	77	96
1918	294	86	72	78	97
1919	296	66	88	78	89
1920	314	65	57	61	80
1921	278	63	61	62	83
1922	243	64	53	58	77
1923	199	53	47	49	69
1924	221	62	55	58	75
1925	163	40	50	46	75
1926	234	74	64	68	70
1927	193	50	63	50	69
1928	157	51	45	48	65
1929	160	51	46	48	74
1930	151	46	42	44	60
1931	171	48	59	54	66
1932	136	51	40	44	65
1933	124	47	41	43	64
1934	138	39	51	46	59
1935	107	39	35	37	57

Infant Mortality Rate.*Deaths of children under one year.*

A falling death rate demands a low infant mortality rate as a compensation and it has always appeared to me that two such rates are inclined to run together; with a plethora of children many deaths occur and when births are few a larger proportion of infants survive. It is perhaps natural that a child who is an addition to a large family where the parents' means are slender and the children young, and who has to share with his brothers and sisters the care and affection of the mother and is thrust into the unsatisfactory environment so often created by a large family in a small dwelling house, does not have the same chance of survival as a child born to parents with a similar income but no other children.

1935 shows a phenomenal fall in infant mortality, the rate is far lower than ever before and for the first time is less than 40 per 1,000 live births; this is without doubt the most encouraging feature of my report, the rate is less than half of that for 1919 and it is a matter for congratulation that for every two babies dying that year under the age of 12 months one only has succumbed this year. Mothercraft has much to do with this saving of baby life; the mothers of the County are more enlightened to-day than they were 16 years ago. It is the drop in the rural rate that has caused the change, the urban rate is the same as before.

The Borough of Lowestoft excels the achievement of last year ; in 1933 the rate for the Borough was almost as low as that for the County, in 1934 it was 35.4 which was infinitely lower, while this year it has improved even upon this and now stands at 34.1 per 1,000 live births. Preservation of infant life in a Borough of an industrial character with over 44,000 inhabitants is most remarkable and merits the highest praise.

TABLE VI.
INFANT MORTALITY.

Quinquennium.	Number of Births.	Number of Deaths.	Infant Mortality Rate.
1916-1920	20,099	1,482	73.7
1921-1925	20,104	1,104	54.9
1926-1930	16,820	895	53.2
1931-1935	14,994	676	45.0

Table VI. gives the infant mortality rate separated into four lustrums ; this shows a large decrease between the first, and second, little change between the second and third, and a considerable decrease between the third and fourth ; it demonstrates clearly the great improvement over twenty years, but the decline cannot continue indefinitely and the time must come when a halt will be called. Had it not been for the high rate in 1931 the figure for the last quinquennium would have been yet lower. Many deaths occurring during the first week after birth are inevitable and these will probably remain with us however far civilisation advances.

TABLE VII.
DEATHS OF INFANTS UNDER ONE YEAR.

Year.	Birth to 24 hours inclusive.	1 day to 7 days inclusive.	1 week to 1 month inclusive.	1 month to 6 months inclusive.	6 months to 1 year.	Total number of deaths.
1929	32	30	45	31	22	160
1930	44	32	20	38	17	151
1931	36	45	32	28	30	171
1932	30	21	29	40	16	136
1933	40	25	19	22	18	124
1934	37	28	36	20	17	138
1935	26	24	23	22	12	107

This Table shows how the deaths are distributed between five periods ; this year the percentage of deaths occurring during the last eleven months was only 32. In 1934 it was even lower than 27%.

TABLE VIII.

ILLEGITIMATE INFANT MORTALITY RATE.

(Children under 1 year).

Year.	Total Deaths.	Death Rate per 1,000 Births.			
		Urban.	Rural.	Administra- tive County.	England and Wales.
1918	43	146.0	112.2	125.7	—
1919	30	121.2	97.1	97.1	—
1920	32	94.0	100.5	98.1	—
1921	25	127.4	80.0	99.2	158.35
1922	19	75.0	77.8	76.9	138.73
1923	21	113.9	82.7	93.8	131.81
1924	22	101.3	100.8	101.0	132.95
1925	17	104.2	111.1	108.9	135.56
1926	19	101.4	85.7	90.9	129.57
1927	20	137.5	78.9	103.1	119.77
1928	7	19.2	55.1	43.4	114.81
1929	17	87.7	114.3	104.9	125.91
1930	12	81.4	38.2	55.3	104.68
1931	15	83.3	94.0	90.1	110.73
1932	11	84.7	61.8	70.5	112.18
1933	11	104.5	39.6	65.5	107.49
1934	10	107.1	52.0	75.2	95.37
1935	7	19.2	71.4	51.4	—

The illegitimate infant mortality rate is again this year considerably higher than the legitimate; this is the rule and probably will remain so as long as illegitimacy carries with it the slur and even odium it does in this country to-day and while the mothers of these children must continue to support themselves in circumstances that debar them from nursing their children. The rate, however, as these rates go, is low and has only once before been lower in this area; it is as usual considerably less than the rate for England and Wales. The unwanted child is obviously less of a pariah here than elsewhere.

II.

GENERAL PROVISION OF HEALTH SERVICES
FOR THE AREA.

Staff.

Medical Staff (whole-time).

County Medical Officer, School Medical Officer, and Chief Tuberculosis Officer.

Bernard Wood-White, M.B., CH.B., D.P.H.

Deputy County Medical Officer:

Arthur George Atkinson, M.B.E., B.A., M.D., CH.B., M.R.C.S.,
L.R.C.P., D.P.H. (also Deputy School Medical Officer).

Assistant County Medical Officers :

Hubert Charles Pedler, M.R.C.S., L.R.C.P., D.P.H.

John S. B. Mackay, M.A., M.B., CH.B., D.P.H. Resigned 29/2/36.

Edith Alberta Whitney, M.B., CH.B., D.P.H.

County Bacteriologist :

Harry Mills Cade, M.R.C.S., L.R.C.P., D.P.H.

Sanitary Staff (whole-time).*County Sanitary Officer :*

Arthur Edward Chapman, M.S.I.A., CERT. R.S.I. Appointed 1/10/35.

Medical Staff (part-time).*Medical Superintendent of Normanston Hospital :*

Malcolm Angus Macdonald, M.C., M.B., CH.B.

Obstetric Specialists :

Frederick Ross Stansfield, M.D., F.R.C.S. ENG.

Michael W. B. Bulman, M.D., F.R.C.S., M.S.

Medical Officers of Maternity and Child Welfare Centres :

Laurence Gibson, M.B., CH.B., D.P.H.

Chas. H. Bracewell, M.R.C.S., L.R.C.P.

Nursing Staff.*Inspector of Midwives and Superintendent Health Visitor :*

Miss M. F. Chalmers, Queen's Nurse, Certified Midwife.

Assistant Inspector of Midwives and Assistant Superintendent Health Visitor :

Miss F. McDonald, Queen's Nurse, Certified Midwife, C.R.S.I.

Health Visitors :

Miss E. M. Carter, Trained Nurse, Certified Midwife.

Miss A. Hatch, Trained Nurse, Certified Midwife, R.S.I.

A varying number of Certified District Nurse Midwives.

Clerical Staff.

Gilbert Ranson, *Administrative Officer.*

A. Knight, *Finance Clerk.*

K. D. Johnson

H. E. S. Gibbs

Miss E. Mowles

} *General Clerks,
Public Health.*

J. L. Cobbold

I. Fenn

Miss S. Bowyer

Miss M. Gibbs

} *General Clerks,
School Medical Inspection.*

Miss E. M. Butters

Miss M. Bucke

Miss G. M. Sleight

} *Shorthand Typists.*

Miss A. B. R. Turner, *Shorthand Typist (part-time).*

County Laboratory.

A. J. Kane
D. Miller

} Laboratory
} Attendants.

Sanitary Staff.

A. V. Stubbs, *Milk Sampling Officer.*

List of District Medical Officers of Health.

District.	Name.
URBAN.	
Aldeburgh	Dr. C. D. Somers.
Beccles	Dr. L. Gibson.
Bungay	Dr. J. H. Busteed.
Eye	Dr. T. H. Pryce Morris.
Felixstowe	Dr. G. J. Conford.
Halesworth	Dr. A. Cursham.
Leiston	Dr. D. G. Garnett.
Lowestoft	Dr. S. F. Allison.
Saxmundham	Dr. D. W. Ryder Richardson.
Southwold	Dr. D. W. Collings.
Stowmarket	Dr. S. C. Hounsfield.
Woodbridge	Dr. W. W. Crawford.
RURAL.	
Blyth	Dr. J. Aylen.
Deben	Dr. W. W. Crawford.
Gipping	Dr. G. D. Shann.
Hartismere	Dr. H. C. G. Pedler.
Lothingland	Dr. L. Gibson.
Samford	Dr. P. L. Crosbie.
Wainford	Dr. J. H. Busteed.

List of District Sanitary Inspectors.

District.	Name.
URBAN.	
Aldeburgh	Mr. P. R. Bradley.
Beccles	Mr. C. L. Hamby.
Bungay	Mr. Harry Earl.
Eye	Mr. H. Austin Reeve.
Felixstowe	Mr. R. Greenwood.
Halesworth	Mr. C. W. Flaxman.
Leiston	Mr. W. C. Morgan.
Lowestoft	Mr. A. Isherwood.
Saxmundham	Mr. W. C. Morgan.
Southwold	Mr. J. S. Hurst.
Stowmarket	Mr. S. A. Senior.
Woodbridge	Mr. W. J. Goldfinch.
RURAL.	
Blyth	Major J. T. Packard.
Deben	Mr. D. Jenkinson.
Gipping	Mr. B. J. Dodsworth.
Hartismere	Mr. H. Austin Reeve.
Lothingland	Mr. A. O. Adcock.
Samford	Mr. H. Watling.
Wainford	Mr. H. Earl.

Poor Law Institutions and Children's Homes.

Name of Institution.	Medical Officer.
The Red House, Bulcamp	Dr. J. Aylen.
Hartismere House, Eye	Dr. A. Weir.
Stow Lodge	Dr. J. P. Hill.
Lothingland House, Oulton	Dr. D. W. Boswell.
Shipmeadow House	Dr. H. G. Wood-Hill.
St. Mary's Hospital	Dr. A. H. T. Andrew.
Plomesgate House	Dr. K. J. T. Keer.
Children's Homes.	Medical Officer.
Primrose Villa	Dr. H. C. Barraclough.
St. Osyth	Dr. J. McBain Taylor.
Hope House	Dr. J. Aylen.
Needham Market	Dr. G. D. Shann.
Eastward Ho !	Dr. J. P. Hill.
Grundisburgh	Dr. W. W. Crawford.

Staff.

The whole-time medical staff remained the same throughout the year. Dr. J. Gutch who acted as part-time Obstetric Specialist for the County Council retired from practice and resigned his appointment, and Mr. F. R. Stansfield, who was appointed Honorary Gynaecologist to the East Suffolk and Ipswich Hospital, took his place.

The most significant appointment upon the Public Health Staff since I have been County Medical Officer is that of the County Sanitary Officer who commenced work in the autumn of 1935. Two happenings made this appointment inevitable; the first, which had caused me anxiety for some time, was the additional housing duties placed upon the County Council by the Housing Act of 1930, whereby the County Council had specific responsibilities for the houses of working classes in rural areas. I have carried out housing inspections in a few parishes and it has been my experience to find the majority of dwellings in a dilapidated condition owing to divers causes; possibly because of the lack of time at their disposal on account of multifarious duties the Sanitary Officers of the District Councils had been unable to give that amount of time and attention to rural housing which was urgently required. As it had not been possible for the Medical Staff of the County Council to undertake any of the systematic inspection of houses rendered necessary by the Act, this part of it as far as East Suffolk was concerned, was practically a dead letter. The only way to meet the situation was to appoint a County Sanitary Officer; unfortunately, owing to the financial crisis this was deferred, but from year to year I continued to draw attention to the position.

The second was the somewhat abrupt launching of the Accredited Milk Scheme promoted by the Milk Marketing Board. When it was realised by producers of milk that those with a Grade "A" licence would receive a 1d. extra for each gallon of milk there was a wild rush to obtain licences; as the number of licence holders suddenly swelled from a dozen to more than a gross, and did not stop at this figure, the County Council was confronted with a new duty with no staff to administer it. The appointment of a County Sanitary Officer was the only way

to meet the situation and Mr. A. E. Chapman, who had held the post of Senior Sanitary Inspector at Epping R.D.C., was appointed and commenced his duties on the 1st October, 1935.

The Accredited Milk Scheme absorbed most of Mr. Chapman's time during 1935 as there was much work to be overtaken ; in 1936 his duties have been extended and from the 1st January he took over the Shops Acts, and on the 1st April the Food and Drugs Acts, both of which had been previously administered by the Police. Before this the Public Health Department, though the most appropriate to administer these Acts, was not equipped to do so. Mr. Chapman's duties also include inspection of water supplies and sewage disposal schemes under Section 57 of the Local Government Act, 1929. There is no doubt that he is carrying out a large amount of work of great importance and though heavily overburdened he cheerfully works long hours of overtime in an endeavour to cope with it ; his work is carried out with skill and efficiency and the County Council are fortunate both in the creation of the post and the Officer they have appointed to hold it.

Milk Sampling Officer : The Accredited Milk Scheme made it essential for some method of collection to be arranged if milk was to be examined for cleanliness. It was decided to appoint a Sampling Officer for this purpose ; the post is a temporary one. Mr. A. V. Stubbs was appointed and commenced work in May, 1935.

Combination of County and District Medical Services.

No further part-time appointments of District Medical Officers of Health have fallen vacant during the year ; as there are not sufficient posts yet available to occupy the complete time of an additional Assistant County Medical Officer of Health, based upon one session for every 6,000 inhabitants of a sanitary area, it has not been possible to extend the accepted scheme.

Ambulance Facilities.

The County Council is in possession of a motor ambulance which is used for conveying patients suffering from Tuberculosis, Puerperal Fever and Puerperal Pyrexia, from their homes to Sanatoria or Hospitals when this is necessary.

Arrangements have been made for the following Authorities to use the ambulance for conveying cases of infectious disease between their homes and the Hospital :—

Aldeburgh.
Gipping.
*Cosford.
Eye.
*Hadleigh.
Hartismere.
*Harwich Port Authority.
Samford.

*District outside the Administrative County.

An attendant is provided when required, a small charge being made for her services.

In addition, the Public Assistance Committee of the County Council use the Ambulance when required.

Clinic and Treatment Centres.

(1) Maternity and Child Welfare Centres for Consultation Purposes.

Provided by the County Council :—

(a) Aldeburgh	....	Cottage Hospital, Aldeburgh.
(b) Beccles	....	Red Triangle Club, Newmarket Place, Beccles.
(c) Brantham	....	Village Hall, Brantham.
(d) Bungay	....	18, Chaucer Street, Bungay.
(e) Charsfield	....	Village Hall, Charsfield. (Officially open from October, 1933).
(f) Eye	....	Reading Room, Eye.
(g) Farnham	....	Men's Hut, Farnham.
* (h) Felixstowe	....	Salvation Army Hall, High Road, Walton, Felixstowe.
(i) Halesworth	....	Old Girls' School, Halesworth.
(j) Kessingland	....	Village Hall, Kessingland.
† (k) Kirton	....	Church Room, Kirton.
(l) Leiston	....	British Legion, Victory Road, Leiston.
† (m) Martlesham	....	Sick Qtrs., Martlesham Aerodrome.
† (n) Nacton	....	Bucklesham Old School.
(o) Stowmarket	....	Constitutional Hall, Stowmarket.
(p) Woodbridge	....	St. Mary's House, Woodbridge.
(q) Wrentham	....	Town Hall, Wrentham.
(r) Ipswich	....	County Hall, Ipswich.

*An Ante-Natal Clinic is also held at Felixstowe once a month.

†At these Centres the County Council does not arrange for the attendance of a Medical Officer. A Nurse only is provided.

Provided by the Local Authority :—

- (a) Connaught House, Lowestoft.
- (b) Kirkley, Lowestoft.
- (c) Oulton Broad, Lowestoft.

(2) Tuberculosis Dispensaries for Consultation Purposes.

- (a) County Hall, Ipswich.
- (b) Crown Street, Lowestoft.

(3) Treatment Centres for Venereal Diseases.

- (a) East Suffolk and Ipswich Hospital.
- (b) Norfolk and Norwich Hospital.
- (c) Lowestoft and North Suffolk Hospital.

Hospitals provided or subsidized by the County Council.

(1) Tuberculosis.

- (a) *Pulmonary.*

Normanston Hospital.

Ipswich Sanatorium.

Ipswich Isolation Hospital.

East Anglian Sanatorium, and other Institutions when required.

(b) Non-Pulmonary.

East Suffolk and Ipswich Hospital.
 Lowestoft and North Suffolk Hospital.
 Beccles and District War Memorial Hospital.
 Felixstowe Cottage Hospital, and other Institutions when required.

(2) Maternity.

Ipswich Maternity Home.
 East Suffolk and Ipswich Hospital.
 Lowestoft and North Suffolk Hospital.
 Thorpe Maternity Home, Norwich.

(3) Fever.

Ipswich Isolation Hospital for the Treatment of Cerebro-Spinal Fever.

(4) Small-pox.

Ipswich Small-pox Hospital.
 Joint Small-pox Hospital at Carlton Colville.

County Laboratory.

The net loss on the Laboratory chargeable to the County rates for the last ten financial years is as follows :—

1926/27.	1927/28.	1928/29	1929/30.	1930/31.	1931/32.	1932/33.	1933/34.	1934/35.	1935/36.
£ 773	£ 355	£ 338	£ 333	£ 194	£ 168	£ 360	£ 441	£ 144	£ 103

The following figures relate to the number of examinations performed at the County Laboratory during the last six years :—

1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.
9,178.	12,581.	21,128.	13,605.	12,063.	6,862.	10,199	11,666

Examinations for which Expenditure is borne by Rates :—

Throat swabs for Diphtheria bacilli ; Widal Reactions ; Examination of stools and urine for Typhoid bacilli ; Cultural investigation for the identification of carriers ; Stools in cases of suspected Dysentery, etc. ; Blood for Malarial parasites.

Cerebro-spinal fluid in diagnosis of cases suspected to be suffering from Cerebro-spinal Meningitis ; also, the County Bacteriologist is available to perform lumbar punctures in any such cases.

Milks for the presence of Tubercle Bacilli (100 samples a year).

Milks in connection with scheme for provision of milk for school children.

Under the Tuberculosis Scheme.

Sputa and Urine for tubercle bacilli sent in by County Practitioners, Tuberculosis Officers, and from Normanston Hospital.

For the Education Committee.

Swabs for Diphtheria ; Hairs for Ringworm ; Specimens of Urine.

Under the Venereal Diseases Regulations.

Examinations for V.D. Clinics ; Wassermann Reactions ; Gonococcal cultures.

Under the Maternity and Child Welfare Scheme.

Examination of material from obstetric cases.

Examinations for County Practitioners.

Wassermann Reactions ; Examinations of slides.

Charges are made to Practitioners for examinations.

A charge is made to the Ipswich Borough Council and to St. Audry's Hospital, Melton, for the work that is required by them.

County Laboratory.

The work of the County Laboratory in 1935 has grown and it would have been much greater but for the fall in the number of blood counts for bacillary white diarrhoea in chickens, due to competition of private laboratories dealing with this work only. The profit accruing from these examinations was small and the financial loss to the Council is practically negligible.

Bacterial counts of milk increased most noticeably ; this is due to the large number of Grade " A " Milk Producers and to the sampling of graded milk for bacteriological examination. The number of biological examinations of milk fell because the Essex County Council removed their custom to another laboratory where the charge was less ; the 624 biological tests were mainly for the Veterinary Staff for East and West Suffolk and the amount is about as much as could conveniently be carried out with the present accommodation for guinea pigs. During 1934 when more examinations were performed it was difficult at times to deal with the rush of work when guinea pigs were scarce again, there has been an infection among the pigs which was not easy to keep within bounds, and overcrowding breeds infection. Microscopical examinations of milk have risen, due to whole-time Veterinary Officers submitting samples.

In past years the County Laboratory has been shown to be responsible for a net loss to the rates ; this year the loss is the lowest recorded, viz. : £103 2s. 10d. These figures, however, do not reveal in any way the real financial significance of the undertaking for if the County Laboratory did not exist, and if the same policy of examining specimens were continued, the cost of the innumerable examinations for which no charge is made by the County Council would be so high that the loss would be many times that of 1935. Next year I propose to show what the actual cost would have been had these examinations been carried out at an outside laboratory ; it is only fair that these figures should be ascertained.

Specimens examined at the County Laboratory.

Examinations.	1935.	1934.	1933.	1932.	1931.	1930.
Sputa for tubercle bacilli	1,264	1,346	1,414	1,444	1,377	1,253
Throat Swabs	2,367	1,519	853	1,217	1,843	2,975
Hairs for ringworm	343	243	114	166	173	260
Widal reactions	212	31	35	39	38	49
Blood cultures	7	4	1	3	3	4
Blood films	6	4	18	3	14	19
Blood counts	11	8	8	14	14	15
Cerebro-spinal fluids	32	21	18	17	17	15
Urines	838	235	175	210	173	226
Faeces	664	30	34	43	29	74
Water Analyses	229	191	134	54	173	71
Vaccines	5	4	9	5	21	8
Milks—bacterial counts	2,021	436	327	383	495	358
butter fats	61	112	71	102	3,063	6,429
Milks biological	624	778	377	240	233	368
Milks microscopical	373	56	10	14	27	49
Biological—otherwise	46	38	30	37	43	72
Wassermann Reactions (for Ipswich and County)	334	374	344	437	383	438
Cultural for gonococci	112	88	101	60	104	108
Microscopical for gonococci	222	264	68	46	78	36
Agglutination tests for carriers of bacillary white diarrhoea in chickens	1,810	4,330	2,672	7,489	5,239	8,295
Other examinations	85	87	49	40	65	6
TOTALS	11,666	10,199	6,862	12,063	13,605	21,128

(Signed) H. M. CADE,

County Bacteriologist.

Maternity and Child Welfare.

Nursing Staff.

Inspector of Midwives and Superintendent Health Visitor.

Assistant Inspector of Midwives and Assistant Superintendent Health Visitor.

Health Visitors.

There is now no whole-time official who is engaged upon health visiting.

This visiting is now solely carried out by District Nurses, 80 whom give part-time service as Health Visitor, Tuberculosis Visitor, Infant Life Protection Visitor, and Maternity Nurse.

The following is a survey of visits paid by the Health Visiting Staff :—

	1935.	1934.	1933.	1932.	1931.	1930.	1929.	1928.	1927.	1926.
First visits to infants under 1 year	2,074	2,176	2,422	2,472	2,382	2,515	2,421	2,355	2,475	2,630
Re-visits to infants under 1 year	12,000	8,247	11,835	8,876	10,575	9,518	9,193	10,058	9,348	6,709
Visits to expectant mothers	8,699	7,794	7,577	6,323	7,417	8,433	5,692	5,552	4,537	3,818
Visits to children 1—5 years	26,141	27,720	26,811	28,670	28,121	28,068	26,755	24,701	25,601	27,999
Totals	48,914	45,937	48,645	46,341	48,495	48,534	44,061	42,666	41,961	41,156

The health visits this year have returned to the normal figure ; for 1934 they were the lowest recorded since 1929, the number of re-visits to infants under one year being particularly so. Attention was given to those districts where the fall was patent and this year this group of children has been visited more frequently ; the increase in the total is largely attributable to this. As this is a most important period in a child's life it is right that he should have the full attention of the health visitor.

Nursing in the Home.

There has been one alteration in the District Nursing Associations serving the County ; the Yoxford and Westleton Associations have combined to form one and the Nurse appointed to the united district was provided with a car. This has reduced the total number of Associations from 74 to 73, and I anticipate as years go by similar amalgamations will decrease the actual number of Associations in the area, the County remaining covered.

I went fully into the advantages of the combination of Associations and the provision of cars for Nurses in my report last year and I shall write nothing further except to reiterate my strong feeling that it is most desirable for every Nurse to use a motor car for her work and that the district should be large enough to keep her fully employed. It is undesirable for a Nurse to have either little to do for this brings in its train lack of interest and slackness, or too much physical exertion which results in overtiredness; states of body and mind detrimental to efficiency. In 1935 motor cars were used by 27 District Nurses, 55 still propelled themselves over the countryside in the heats of summer and the storms of winter.

I must draw attention to the difference in the figures of Nurses working in the County in 1935 compared with those given for 1934, when an error was made in the numbers given to me ; the total recorded as 87 should have been 83. This year owing to amalgamation of two Associations employing one Nurse the total is 82, 27 fully-trained and 55 untrained, a proportion of one-third and two-thirds, respectively.

I give below figures which denote the increase from year to year in the number of Associations in the Administrative County for the last fifteen years :—

1921	....	....	36	1929	....	....	67
1922	....	....	43	1930	....	....	70
1923	....	....	46				
1924	....	....	49	1931	....	....	73
1925	....	....	52	1932	....	....	75
				1933	....	....	75
1926	....	....	57	1934	....	....	74
1927	....	....	60	1935	....	....	73
1928	....	....	64				

The District Nursing Associations allowing their Nurses to undertake work on behalf of the County Council receive an annual maintenance grant of one-third of each Nurse's salary, up to a maximum of £40 a year for every Nurse employed in this work, the amount being apportioned in the following way :—

Three-eighths for midwifery.
Two-eighths for maternity nursing.
Two-eighths for health visiting.
One-eighth for tuberculosis visiting.

The number of Nurses undertaking work on behalf of the County Council at the end of the year was as follows :—

Queen's Nurses	....	....	9
Trained Nurses	....	....	18
District Nurses	....	....	53
Emergency Nurses	....	....	2
			—
Total	....		82
			—

The number of Nurses using motor cars for transport this year is 27 compared with 25 in 1934, 22 in 1933, and 13 in 1932.

Maternity and Child Welfare Centres.

I have decided to discontinue giving all the particulars for each centre as the number continues to grow and as this part of the report was becoming unwieldy its room is more useful than its company. Table IX. gives all the relevant information.

The County Council have assumed financial responsibility for two more centres, Farnham and Kirton; both were in existence, Kirton for a long period and Farnham for three or four months. It is not possible to arrange for a Medical Officer to attend Kirton, but Farnham is visited once a month by Dr. Whitney.

The average attendances have gone up at Aldeburgh, Brantham, Bungay, Felixstowe, Halesworth, Kessingland and Woodbridge, at the others there has been a fall. The most disappointing centre is at Leiston; with a large population of an industrial nature there should be room for a centre and medical advice should be useful. Beccles is in the same position and the average attendance compares unfavourably with Stowmarket, namely, 21 against 63, both towns being of much the same size.

The figures for the year on the whole are good and an improvement upon 1934; there were more centre openings, 2,000 more children attended, a higher average attendance of children each session; the number of consultations increased, expectant mothers by more than half and children by 1,088. There are now 17 centres in the County for which the Council are financially responsible, and another is held at the County Hall, Ipswich, on a Saturday morning twice monthly; in addition, there is the special ante-natal clinic at Felixstowe monthly.

TABLE IX.
1935.

Maternity and Child Welfare Centres.	Popula- tion.	Number of Openings.	Number of Attendances.		Average attend- ances of children per Session.	Number of Consultations with Medical Officer.		Average number of Consultations per Child per Session attended by Medical Officer.
			Expectant Mothers.	Children.		Expectant Mothers.	Children.	
<i>a.</i> Aldeburgh ...	2,473	50	—	2,544	50.88	—	140	7.00
* <i>a.</i> Beccles ...	6,594	52	—	1,091	20.98	—	570	11.40
<i>b.</i> Brantham ...	2,507	24	13	964	40.16	13	124	12.40
* <i>a.</i> Bungay ...	3,125	49	109	2,114	43.14	10	156	3.67
<i>c.</i> Charsfield ...	1,494	11	2	139	12.64	2	52	5.20
<i>b.</i> Eye ...	1,693	22	—	407	18.50	—	71	3.94
° <i>c.</i> Farnham ...	1,381	9	6	182	20.22	3	14	14.00
<i>a.</i> Felixstowe ...	12,455	5	—	2,257	45.14	—	699	18.40
<i>c.</i> Ditto (Ante-natal)	—	11	145	—	—	109	—	—
* <i>a.</i> Halesworth ...	2,202	48	35	1,121	23.35	38	102	26.16
* <i>b.</i> Ipswich (County Hall)	—	21	175	32	1.52	175	32	1.52
<i>b.</i> Kessingland ...	3,158	24	7	306	12.75	7	176	9.77
°† <i>c.</i> Kirton ...	685	12	—	187	15.67	—	—	—
<i>a.</i> Leiston ...	4,053	50	—	771	15.42	—	269	11.21
† <i>c.</i> Martlesham Camp	444	12	—	97	8.08	—	—	—
† <i>b.</i> Nacton ...	1,144	12	—	84	7.00	—	—	—
* <i>a.</i> Stowmarket ...	6,319	43	77	2,724	63.35	8	229	5.87
<i>a.</i> Woodbridge ...	4,863	52	2	1,487	28.60	2	217	8.04
* <i>b.</i> Wrentham ...	1,360	23	7	375	16.30	7	167	6.68
Totals ...	Year 1935	575	478	16,882	29.36	374	3,018	7.88
	„ 1934	537	530	14,927	27.8	208	2,230	7.26

a = weekly session ; *b* = fortnightly session ; *c* = monthly session.
* = Ante-natal equipment for examination purposes.
† = Nurse only attends—no Medical Officer.
° = Financial responsibility undertaken from 1st October, 1935.

Provision of Milk for Children.

Once again a scheme has been adopted for providing free milk to children in necessity, this time to one year of age. So long ago as 1918 a scheme was in operation in the County, but in 1921, owing to the Ministry reducing their grant from 50% to 5% the Council's scheme was abandoned and has only been revived, as I mention in another part of this report, through an endeavour to prevent maternal mortality and morbidity, and though I am not hopeful that the provision of milk will produce anything very beneficial in that direction, nevertheless, I have great hopes for its benefit in its application to children. Though the scheme starts modestly in dealing with infants up to one year of age I have expectations that it will be extended to older children as time goes on, perhaps one day to include all necessitous children up to school age. I believe that money cannot be expended by the Public Health Committee in any better way than this; the valuable protein contained in milk is likely to start these children upon their journey through life with better physique and a greater resistance to disease than could be provided from the limited means of their parents.

The time is perhaps coming when the English will be ranked amongst those nations with a high consumption of milk per head of the population instead of taking the lamentably low place in the list as at present. When such a happy day arrives, and I have every hope that it will, the people of this country may possess a physique of which they can be rightly proud; there is little cause for pride in this respect to-day.

Institutional Provision for Maternity Cases.

The following cases have received institutional treatment under the County Council's scheme for subsidising beds at the undermentioned Maternity Homes :—

	1935.	1934.	1933.	1932.	1931.
Ipswich Maternity Home	47	52	30	31	43
Alexandra Nursing Home	—	—	—	—	2
Lowestoft and North Suffolk Hospital	7	3	3	2	—
Beccles	—	1	2	—	—
TOTALS	54	56	35	33	45

TABLE X.

Notification of Births Acts, 1907 and 1915.

During the twelve months 2,192 births were notified, viz. :—
2,094 live births. 98 stillbirths.

It should be noted that births which occurred in the Municipal Borough of Lowestoft are excluded.

Live Births.	1935.	1934.	1933.	1932.	1931.	1930.	1929.	1928.	1927.
Notified by Medical Practitioners	950	1,000	991	1,196	1,197	1,216	1,477	1,495	1,520
„ Midwives	1,141	1,197	1,071	1,071	1,086	1,207	1,015	966	801
„ Parents	3	6	2	3	1	3	8	5	13
„ Women acting in emergency midwif- ery	—	—	—	—	—	3	5	4	—
Totals	2,094	2,203	2,064	2,270	2,284	2,429	2,505	2,470	2,334
Unnotified, but obtained from Registrars' returns	104	140	123	140	147	180	203	181	179
Totals	2,198	2,343	2,187	2,410	2,431	2,609	2,708	2,651	2,513
Birth figures supplied by the Registrar-General for the Ad- ministrative County (excluding Lowestoft)	*2,267 †109	*2,349 †79	*2,266 †88	*2,396 †96	*2,465 †97	*2,676 †90 * Live births.	*2,645 †120	2,577 — † Still births.	2,575 —
Stillbirths (excluding Lowestoft) :—									
Notified by Medical Practitioners	67	45	54	62	64	35	77	70	49
„ Midwives	31	31	29	23	24	30	33	31	15
Totals	98	76	83	85	88	65	110	101	64

This year less than 5% of the births were unnotified, a lower figure than has previously been experienced. The Act is unfortunate in placing the responsibility of notification upon any of three persons.

TABLE XI.
OPHTHALMIA NEONATORUM.
(excluding Borough of Lowestoft).

YEAR.	Total Number of Cases.	Cases Treated.		Vision unim- paired.	Vision im- paired.	Total Blind- ness.	Deaths.
		At Home.	In Hospital.				
1930	13	7	6	12	1 (1 eye)	—	—
1931	6	4	2	6	—	—	—
1932	6	3	*3	6	—	—	—
1933	4	3	1	4	—	—	—
1934	6	6	—	5	—	—	†1
1935	10	7	3	9	—	—	1

* Another case treated in Hospital was not notified.

† Mild gastro-enteritis in a marasmic infant.

The death shown in the above Table was that of a child who died in hospital a week after birth from *1a* asphyxia neonatorum; *b* patent ductus arteriosus, which of course had nothing to do with the condition of the eyes.

There was no impairment of vision in any case, the usual experience. In this area ophthalmia neonatorum might well be expunged from the list of conditions causing blindness.

TABLE XII.

PUERPERAL FEVER AND PYREXIA
(excluding Borough of Lowestoft).

Year.	Total number of Cases.	Cases treated at Home.	Cases treated in Hospital.		Result.	
			By County Council.	Otherwise.	Cured.	Died.
1930	41	17	8	16	36	5
1931	29	10	8	11	27	2
1932	17	11	*1	5	15	2
1933	17	9	—	8	15	2
1934	32	10	9	13	26	6
1935	26	12	9	5	23	3

* Another case treated in Hospital was not notified.

For the first time over half of the cases of Puerperal Fever who went into hospital were paid for by the County Council, a proportion much higher than ever before.

Maternal Mortality.

The following is a list of the causes of death which occurred last year, as given by the Registrar-General:—

1. { Cardiac failure.
Post partum haemorrhage.
Retained placenta.
Eclampsia.
2. { Post partum haemorrhage.
Toxaemia of pregnancy.
3. Puerperal septicaemia.
4. Pulmonary embolus. Parturition.
5. { Cardiac failure.
Post partum haemorrhage.
Secondary uterine inertia.
6. { General peritonitis.
Puerperal fever.
7. { Post partum haemorrhage.
Hydrocephalic foetus (large).

In addition to the seven deaths recorded by the Registrar-General there are two further which might well be included as maternal deaths. In one case death was due to acute yellow atrophy of the liver in conjunction with pregnancy, and in another double-pneumonia in a pregnant woman.

The County maternal mortality rate has only once been lower since 1923 and that was in 1930 ; it is much less than that of the country. The County rate must fluctuate owing to the small numbers dealt with and is likely to be unstable ; the average County rate for the past 13 years is 3.4 ; this figure is valuable for comparison with the rate for England and Wales which this year is 3.93—the County rate still has the advantage.

A circular was issued to Local Authorities by the Ministry of Health calling attention to Memorandum 156/M.C.W. issued in 1930 which outlined the services which Local Authorities could provide ; this urged the completion of these services. In this County three were lacking, namely :—

1. Provision of milk for expectant and nursing mothers.
2. Ante-natal examination of uninsured women by Medical Practitioners.
3. Provision of home-helps.

In my view the provision of these three ancillary services is unlikely to have any direct effect upon maternal mortality. I have investigated maternal deaths for some years now and I have not yet found a case where the presence of these services could have prevented death. I do not for a minute suggest that such additions to the maternity service of the County Council are not desirable, for each would serve a useful purpose, but to believe that the maternal mortality rate could noticeably be decreased by these provisions is to take an extremely optimistic view of the difficulties which surround the subject.

Provision of Milk.

The County Council decided to institute the provision of free milk for necessitous expectant and nursing mothers under the following conditions :—

- (a) An expectant mother in the last 6 months of pregnancy.
- (b) A nursing mother with an infant under 9 months of age, provided she is breast feeding her child.
- (c) An infant under 12 months of age who cannot be breast fed, or has arrived at the age when breast feeding should cease.

The scheme commenced on the 1st August, 1935, It went further than the prevention of maternal mortality and I am glad to say that children up to one year of age were included in the distribution of free milk. At the end of the year 31 expectant and nursing mothers and infants had received free milk at an approximate cost of £26 13s. 9d., while 29 cases continued to do so.

Home Helps.

It was difficult to conclude whether home helps were necessary in this area. Experience showed that it was the rule either for relations to look after the home during the lying-in period, or for neighbours to undertake the duties ; it was necessary to ascertain from all the Nurses in the area whether in their districts there was a need for home helps, and what charge was made by home helps for their services where they were at hand. In 42 districts home helps were available, in 31 they were not ; it was found generally, even when a home help lived in

a village, it was usual for neighbours or relations to look after the patient. The conclusion was come to that where a woman lived in an isolated home with no relations, or neighbours, to attend her, and where the financial circumstances were such that there was insufficient money to pay for a home help, it would be proper for the County Council to provide the help at the rate usually charged for her services. Since the scheme commenced in August, 1935, one application only has been received through a District Nurse for this benefit and a home help was provided by the County Council.

Ante-natal Supervision.

The County Council decided to provide ante-natal supervision by medical practitioners for uninsured women. The only opportunity a woman now has of ante-natal examination when she books a midwife, and no complications are expected, is when she lives within reach of a maternity and child welfare centre. In this County, with the population scattered over a wide area, a large number of mothers are out of reach of a clinic, and it is only right that every woman in the area should have the same privilege.

The County Council felt that the anomaly should be removed so that all uninsured women who engaged a midwife in the County could have, if they wished, a medical examination at the expense of the Council. The British Medical Association was approached and negotiations are still proceeding; an agreement will, I think, soon be reached.

The maternity services provided for the County are as follows :—

Ante-Natal Services :—

- (a) Seventeen Infant Welfare Centres, six of which are equipped as Ante-Natal Clinics.
- (b) One monthly Ante-Natal Clinic.

Supply of Midwives :—

- (c) A Midwifery Service for every parish in the Administrative County.

Consultants :—

- (d) A Consultant Service for cases of difficulty in the Administrative County.
- (e) Payment for out-patient attendance at Hospital for non-contributors to Hospital Scheme.
- (f) Payment of travelling expenses for out-patient attendance for patients requiring financial aid.

Hospital Beds :—

- (g) Hospital accommodation for all cases of Puerperal Fever.
- (h) Hospital accommodation for patients suffering from complications of labour and the puerperium, and from abnormal ante-natal conditions, in the cases of those women who are not entitled to benefit under a Hospital Contributory Scheme.
- (i) Maternity Nursing Home accommodation for patients whose home conditions are unsuitable for a confinement.

Ancillaries :—

- (j) Provision of sterilised outfits for patients.
- (k) Provision of Laboratory facilities for examination without cost of pathological material submitted by Doctors.

Provision of Free Milk :—

- (l) Free milk is provided in necessitous cases, to expectant and nursing mothers, and infants up to 12 months of age.

Home Helps :—

- (m) Provision of Home Helps through the District Nursing Associations, the County Council being financially responsible.
- (n) Ante-natal examination by Medical Practitioners (negotiations proceeding) for all uninsured women.

TABLE XIII.
MATERNAL MORTALITY RATE.

ADMINISTRATIVE COUNTY (including Lowestoft).										ENGLAND AND WALES.						
Year.	No. of Births.	No. of Deaths.			Mortality per 1,000 Live Births.			Mortality per 1,000 Total Births.			Mortality per 1,000 Live Births.			Mortality per 1,000 Total Births.		
		Puer-peral sepsis.	Other puer-peral	Total.	Puer-peral sepsis.	Other puer-peral causes.	Total puer-peral mortality.	Puer-peral sepsis.	Other puer-peral causes.	Total puer-peral mortality.	Puer-peral sepsis.	Other puer-peral causes.	Total puer-peral mortality.			
1923	4033	1	10	11	.25	2.48	2.73	—	—	—	1.30	2.51	3.81	—	—	—
1924	3803	5	8	13	1.32	2.10	3.42	—	—	—	1.39	2.51	3.90	—	—	—
1925	3546	3	6	9	.85	1.69	2.54	—	—	—	1.56	2.52	4.08	—	—	—
1926	3430	2	10	12	.58	2.92	3.50	—	—	—	1.60	2.52	4.12	—	—	—
1927	3352	7	7	14	2.09	2.09	4.18	—	—	—	1.57	2.54	4.11	—	—	—
1928	3294	4	9	13	1.21	2.73	3.94	—	—	—	1.79	2.63	4.42	1.72	2.52	4.25
1929	3303	6	11	17	1.82	3.33	5.15	1.74	3.18	4.92	1.80	2.53	4.33	1.73	2.43	4.16
1930	*3454 3441 *3557	6	2	8	1.74	.58	2.32	1.69	.56	2.25	1.92	2.48	4.40	1.84	2.38	4.22
1931	3163	5	9	14	1.58	2.84	4.42	1.52	2.74	4.26	1.66	2.45	4.11	15.9	2.35	3.95
1932	*3288 3070	5	7	12	1.62	2.28	3.90	1.56	2.19	3.75	1.61	2.63	4.24	15.4	2.52	4.06
1933	*3197 2851	2	5	7	.70	1.75	2.45	.67	1.69	2.36	1.79	2.63	4.42	1.71	2.52	4.23
1934	*2960 2998	7	4	11	2.33	1.34	3.67	2.26	1.28	3.54	2.03	2.57	4.60	1.95	2.46	4.41
1935	*3104 2912 *3046	3	4	7	1.03	1.37	2.40	.98	1.31	2.29	1.68	2.42	4.10	1.61	2.32	3.93

* Includes Stillbirths.

Midwives.

The midwives are employed more and more at births, either as midwife or as maternity nurse. Ten years ago they were only engaged in 55% of the confinements, this year the percentage has risen to 80. Taking 1931 when the Borough of Lowestoft became a Local Supervising Authority and the figures for that town were no longer included in this Table, the percentage of births attended by midwives was only 69, although the number of midwives practising then was only one less than in 1935; this shows how that section of the Midwives' Bill making it compulsory for every confinement to be conducted by a qualified midwife, or attended by a midwife acting as a maternity nurse, has been gradually anticipated here; the Bill will merely hasten the desirable end. 80% does not give quite a true picture of the situation, for a number of midwives act as monthly maternity nurses in private cases of which I have no record; therefore, actually the percentage should be higher, though by how much I am unable to say. One thing is certain and that is, when the Bill becomes an Act it will for all time prevent the employment of handywomen acting as maternity nurses under the direction of medical practitioners.

The calls for medical aid continue to rise and the number of cases in which midwives found it necessary to call in medical assistance reached for the first time one-third of the total. This may be due to some extent to the lower birth rate which naturally increases the percentage of first-born children and it is at these labours that the midwife is more likely to meet with difficulties, though they can hardly be responsible altogether for the increase of calls from 16% to 33% in 13 years. I must therefore fall back upon the obvious explanation that to-day midwives are more inclined to rely upon medical aid than they were in the past.

In my last report I published (without naming the midwife concerned) the number of cases taken by certain midwives and the calls for help that each had made. For comparative purposes I reproduce this list to discover whether there is any consistency. I am confirmed to a considerable extent in my view. Nurse A. who took in 1934 48 cases with 5 calls for help in 1935 took 36 with 3 calls for aid, while another (Nurse M.) who in 1934 called in help 15 times for 13 cases in 1935 required assistance for 20 of her 25 cases; this midwife functioned almost entirely as a maternity nurse.

The chief causes for the issue of calls for medical aid will be found in Table XVI. Compared with 1934 there is a big rise in both the number of cases of ruptured perineum and prolonged second stage. In my last report I put forward the view that calls for prolonged second stage of labour would increase owing to the insistence of the patient, abetted by her relations, to be relieved from the anxiety and pain of a labour which would terminate naturally if left to itself; 41 such calls in 970 midwives' cases is a very small number, but I believe that as time goes on this will rise to a higher figure.

Calls for ruptured perineum occurred in less than 10% of the deliveries. This is more likely to occur in delivery of primipara and it would be unfair to comment adversely upon increase in these figures unless it were possible to give the proportion of first labours during the two years.

Naturally with the rise of calls for medical help so has there been a rise in the amount paid to Doctors for medical assistance; the expenditure this year is higher than ever before, even than when the midwives of Lowestoft were included and 400 more midwives cases taken. More than three times as much money was expended upon this service in 1935 than in 1922 although 200 less cases were taken by midwives; this difference may be partly accounted for inasmuch as it was then common for medical practitioners to send their accounts direct to the patients and in these cases the County Council was not responsible financially.

The midwives of the County are performing an important service; the work is responsible and entails much worry, hard work and sleepless nights, continuous contact with anxious patients and relatives, and looming in the background there is always the risk that if anything untoward occurs and medical aid has not been called in when required the midwife may have to face the Central Midwives' Board for a breach of the rules. Therefore, taking all these things into consideration it would be hard to condemn a midwife who is inclined to send for medical aid more often than some of her colleagues.

TABLE XIV.

MIDWIVES.

Year.	Number of Births. (Live Births unless otherwise stated.)	Cases taken by Midwives.			Percentage of Births attended by Midwives.		Calls for Medical Aid.	Percentage of Calls.	No. of Trained Midwives practising at any time during the year.	Un-trained Midwives.	Amounts paid to Doctors for Medical Help.		
		As Midwife.	As Maternity Nurse.	Total.	As Midwife.	As Maternity Nurse.					£	s.	d.
1913	4680	981	—	981	21	—	37	3.8	42	31	—	—	—
1922	4205	1173	—	1173	28	—	147	13.0	80	11	167	17	0
1923	4033	1055	721	1776	26	18	172	16.0	97	9	214	12	6
1924	3803	1113	693	1806	29	18	210	19.0	103	3	300	12	6
1925	3516	1160	744	1904	32	21	248	21.0	106	2	338	15	6
1926	3130	1100	778	1878	32	23	275	25.0	118	1	363	11	2
1927	3352	1129	798	1927	34	24	258	23.0	121	—	314	9	6
1928	3294	1178	939	2117	36	29	246	21.0	125	—	333	13	5
1929	*3454	1191	896	2087	34	26	311	26.0	120	—	422	18	0
1930	*3557	1399	1043	2442	39	29	393	28.0	134	—	504	6	9
†1931	*2562	973	796	1769	38	31	255	26.0	121	—	364	18	6
†1932	*2492	967	884	1851	39	35	235	24.3	135	—	365	14	6
†1933	*2354	930	859	1789	39	36	280	30.1	139	—	405	7	4
†1934	*2428	991	923	1914	41	38	319	32.2	147	—	458	11	8
1935	*2376	970	949	1910	41	40	326	33.6	122	—	544	16	1

* Number of Births includes Stillbirths.

† Figures for Lowestoft excluded.

TABLE XV.

ANALYSIS OF CALLS FOR MEDICAL AID IN A CERTAIN
NUMBER OF COUNTY MIDWIVES CASES.

Nurse- Midwife.	1934.		1935.	
	No. of cases taken in 1934.	No. of calls made for medical help.	No. of cases taken in 1935.	No. of calls made for medical help.
A.	48	5	36	3
B.	35	10	15	3
C.	30	6	24	11
D.	22	9	9	2
E.	21	6	6	2
F.	19	7	7	2
G.	19	7	21	6
H.	18	5	23	6
I.	16	7	13	7
J.	14	7	15	5
K.	14	7	7	4
L.	14	5	11	5
M.	13	15*	25	20
N.	12	8	8	5
O.	12	8	8	4
P.	12	5	14	5
Q.	11	4	11	—
R.	11	3	9	2
S.	10	6	2	—
T.	9	8	10	3
U.	8	4	7	2
V.	6	5	—	—
W.	5	3	4	5

* Calls for child as well as mother.

TABLE XVI.

CONDITIONS FOR WHICH MEDICAL AID WAS MOST
FREQUENTLY CALLED IN BY COUNTY MIDWIVES.

	1934.	1935.
Ruptured perineum	72	86
Prolonged second stage	31	41
Haemorrhage during pregnancy	32	19
Miscarriage	14	20
Rise of temperature	14	18
Illness of infant	27	9
Inflamed eyes of infant	12	14
Inflamed leg	10	—
Painful vein	—	12
Albuminuria	—	13

Annual Report of Inspector of Midwives.

1st January, 1935, to 31st December, 1935.

One hundred and forty-six Midwives notified their intention to practise in the County during 1935 :—

Trained Midwives	....	....	....	....	....	....	146
<i>Bona-fide</i> Midwives	....	....	....	....	....	....	Nil.

Analysis of Trained Midwives :—

Working under Suffolk (East) Nursing Association Committee	80
Independent Midwives	37
Midwives employed in Public Assistance Institutions	7
Midwives who did temporary duty during 1935	22
Midwives who left the County during 1935	24
Midwives practising in the County on the 31st December, 1935	122

Cases attended by Midwives :—

As Midwife	....	....	....	....	....	....	970
As Maternity Nurse	....	....	....	....	....	....	940
TOTAL							1910
Medical help advised for the Mother	....	....	....	....	....	....	273
" " " " Child	....	....	....	....	....	....	53
TOTAL							326

Stillbirths :—

As Midwife	....	....	....	....	....	....	26
As Maternity Nurse	....	....	....	....	....	....	27
TOTAL							53

Deaths :—

Of Mother	....	....	....	....	....	....	Nil.
Of Child	....	....	....	....	....	....	4
TOTAL							4

Notifications :—

Of Death	....	....	....	....	....	....	4
Of laying out dead	....	....	....	....	....	....	28
Of liability to be a source of infection	....	....	....	....	....	....	50
Of artificial feeding	....	....	....	....	....	....	12

Stillbirths. Of the 26 cases attended as midwife :—

- 6 were macerated.
- 10 were due to malpresentation.
- 4 were due to prematurity.
- 4 were monsters.
- 1 was born before arrival of midwife.
- 1 was due to difficult birth.

Deaths :—

There were no maternal deaths amongst the midwives' cases during 1935.
4 deaths of infants were due to feebleness and prematurity.

Laying out Dead :—

Two of these were maternity cases.

Liability to be a source of infection. Contact with :—

Puerperal Pyrexia	....	....	....	....	....	....	27
Scarlet Fever	....	....	....	....	....	....	3
Discharging Eyes	....	....	....	....	....	....	6
Paratyphoid Fever	....	....	....	....	....	....	3
Diphtheria	....	....	....	....	....	....	2
Rubella	....	....	....	....	....	....	1
Erysipelas	....	....	....	....	....	....	1
Typhoid Fever	....	....	....	....	....	....	2
General Sepsis	....	....	....	....	....	....	1
Pemphigus	....	....	....	....	....	....	2
Impetigo	....	....	....	....	....	....	1
Mumps	....	....	....	....	....	....	1
TOTAL							50

Puerperal Pyrexia :—

Of the 27 cases of contact with this condition 11 were midwives' cases. 5 cases were nursed at home and recovered. 6 were removed to hospital and recovered.

Disinfection :—

In each case of liability to be a source of infection the midwives carried out the rules of the Central Midwives Board with regard to suspension and disinfection.

Artificial Feeding :—

Each case of substitution of artificial for breast feeding was due to the poor health of the mother.

Ophthalmia Neonatorum. 10 cases were notified :—

5 were treated by District Nurses at home and recovered.

2 were nursed at home by relations and recovered.

3 were removed to hospital where one died; the other two recovered.

Analysis of Cases taken :—

				<i>Midwives.</i>	<i>Maternity Cases.</i>
Suffolk Nursing Association Midwives	....	....	....	859	873
Independent Midwives	....	....	....	86	67
Institution Midwives	....	....	....	25	—
TOTAL				970	940

Analysis of Records for Help :—

Suffolk Nursing Association Midwives	....	....	....	295
Independent Midwives	....	....	....	31
TOTAL				326

<i>Routine Inspection of Midwives</i>	....	....	....	....	324
<i>Special Visits to Midwives</i>	....	....	....	....	118

MARGARET F. CHALMERS,
Inspector of Midwives.

March, 1936.

Nursing Homes Registration Act, 1927.

Seventeen applications for registration under the above Act have been received, sixteen of which have been granted, namely :—

Maternity and Nursing Homes.

Aldeburgh Cottage Hospital, Aldeburgh.

Felixstowe Nursing Home, "Kilbowie," Wolsey Gardens, Felixstowe.

"Carmel," Ashmans Road, Beccles.

Nursing Home, Bay House, Stratford St. Mary.

"Rutland," Berners Road, Felixstowe.

Nursing Homes.

Nursing Home, Wingfield Street, Bungay.

"Hunts," Buxhall.

The Shottisham Nursing Home, Street Farm, Shottisham.

Dorney-Wood Private Nursing Home, 28A, Barrack Road, Woodbridge.

"The Laurels," Snape (for convalescent children).

Maternity Homes.

71, Cornwall Road, Felixstowe.

Maternity Nursing Home, "Devoran," Looe Road, Felixstowe.

Mrs. Baalham's Nursing Home, Duke Street, Hintlesham.

The Maples, Easton.

Kersey Towers, Tomline Road, Felixstowe.

NOTE.—One Home registered prior to 1931 has since ceased to function.

Eight applications for exemption from registration were received from the following, all of which have been allowed :—

Patrick Stead Hospital, Halesworth.

Cottage Hospital, Southwold.

Cottage Hospital, Felixstowe.

Suffolk Convalescent Home, Felixstowe.

Bartlet Convalescent Home, Felixstowe.

Herman de Stern Convalescent Home, Felixstowe.

Beccles and District War Memorial Hospital, Beccles.

Phyllis Memorial Nursing Home, Melton.

Three applications have been received during the year for premises to be registered under the Act : of these two were granted but one of the Homes has now ceased to exist as such. The third was an application for re-registration of premises, formerly registered as a Nursing Home, as a Maternity Home. This was granted.

III.

Children Act, 1908, and**Children and Young Persons Act, 1932.**

The following figures relate to the children under supervision of the Health Visitors at the end of each respective year :—

Year.	Number of children under supervision.
1930	357
1931	317
1932	308
1933	343
1934	519
1935	494

In no case was it found necessary to take action to remove a child from a foster-parent. As a routine procedure in each case the Health Visitor completes a detailed form giving all the particulars of the household and the environment. These forms are scrutinised by me personally and in any case of doubt an Assistant County Medical Officer, or the Superintendent Health Visitor pays a visit to the home and any conditions found to be unsuitable are rectified. A number of such visits were made during the year with beneficial results.

IV.

Public Assistance Medical Services.

Medical Out-Relief.—In my two last reports I have given some attention to this subject; in 1934 I was able to outline a scheme for medical out-relief which was to be adopted in certain parts of the County, but which could only operate in those areas where the District Medical Officers held their posts upon a temporary basis. The main object of the new scheme is to allow patients a choice of Doctor similar to that which is permitted under the National Health Insurance scheme; in the districts administered by permanent District Medical Officers the new scheme cannot function and there the patient must call in the appointed Doctor. Further particulars of the scheme can be obtained from my report for 1934.

The scheme commenced working in July, 1935, and a large part of the County was included, far more than might have been expected as the County Council only undertook the administration of Public Assistance during 1930 and it is only since then that temporary District Medical Officers have been engaged to administer districts which fell in. I have not actually calculated the size of the area over which the new scheme works, nor the population involved, but approximately two-thirds of the population of the County come under the new scheme, the Boroughs of Lowestoft, Aldeburgh, Eye and Southwold, and the Urban Districts of Leiston, Halesworth, and Woodbridge, being all included; 30 districts out of a total of 48 are extinct and are areas of free choice.

The scheme is temporary at present; it was agreed with the Medical Profession that it should operate for 12 months and should then be reviewed. It is natural that with any alteration of method difficulties should arise in the early days and in some instances no doubt these have arisen, but none yet have appeared to show, in my view, that the scheme is unworkable or undesirable. I feel that once a change such as this has been inaugurated it would be difficult to revert to the old-time practice.

It is certain that at the end of twelve months the financial situation cannot be ascertained and it will only be after fifteen months when all the accounts for the year's working have been received that any change in the Council's expenditure upon the service will be revealed. Even yet, in May, 1936, I have not full particulars of the patients seen by Medical Practitioners to the end of 1935 for I have not received all the cards issued in December that year. When a full year's working is at hand I hope to be able to give some particulars of the types of cases seen and treated.

Public Assistance Medical Out-Relief Services.

<i>Name.</i>	<i>Address.</i>
Addison, E. A.	Coddenham, Ipswich.
Anderson, Archibald Stirling Kennedy	1, Marine Parade, Gorleston.
Barraclough, H. C.	381, London Road, S. Lowestoft.
Birks, Alan Herrenden	South Lodge, Woodbridge.
Borham, John Douglas	Wymering House, Southwold.
Buncombe, G. H.	The Grove, Gorleston.
Burlingham, A.	Lynton, Leiston.
Bree, Sidney	High Street, Manningtree.
Bracewell, C. H.	Wrentham House, Wrentham.
Calder, Enid	Tudor Lodge, Lowestoft.
Collins, William	47, St. Helen's, Ipswich.
Craig, Daniel Mackinnon	The Haynings, Framlingham.
Crawford, William Wardlaw	Cumberland House, Woodbridge.
Cursham, Anthony	Thoro'fare, Halesworth.
Deane, Kenneth Hamilton	Surbiton Lodge, Gorleston.
Eades, Reginald Oliver	156, Foxhall Road, Ipswich.
Edwards, Mildred May Emily Yate	Mount Pleasant, Anglesea Road, Ipswich.
Everett, Hastings Footman	High Street, Hadleigh.
Ferguson, Harry Reece	18, South Green, Southwold.
Fryer, D. W.	11, Fore Street, Ipswich.
Fryer, William Francis	11, Fore Street, Ipswich.
Garnett, D. G.	Leiston.
Gonin, Mervyn Willett	236, Felixstowe Road, Ipswich.
Grantham-Hill, Clermont	St. Peter's House, Beccles.
Greer, W. F.	"Gaza," Otley.
Groom, John Long	13, Church Street, Woodbridge.
Guiver, Frank	Ardleigh, Essex.
Hardwicke, Edwin Cecil	Monks Close, Woolpit.
Hocken, Melville	10, Market Place, Halesworth.
Hounsfield, Maurice Coupland	The Beeches, Marriott's Lane, Stowmarket.
Hoyland, Stanley Wall	London Lodge, Cauldwell Hall Road, Ipswich.
Hyder, Roland Ingham	"Binnakandy," Colchester Road, Ipswich.
Jervis-White-Jervis, Beatrice	Lincoln Cottage, Rosebery Road, Felixstowe.
Keene, Reginald	12, Gordon Road, Lowestoft.
Keer, Kenneth John Taylor	Haldon House, Wickham Market.
Keer, John Cordy	Claremont House, Wickham Market.
Lehmann, Harold Paul	Lynn House, Wickham Market.
Lloyd, William Jeaffreson	East Hill, Lee Road, Aldeburgh.
Macnab, A.	Kildonan, London Road, S. Lowestoft.
Maidment, Frederick Norton Haylock	Harleston, Norfolk.
Mead, J. C.	Bryn-y-Mor, Yarmouth Road, Lowestoft.
Moss, Leslie Newell	"Westbourne," Norwich Road, Ipswich.
Muriel, John	4, Church Street, Hadleigh.
McBride, John Richard Best	Rowan House, East Bergholt.
Newell, Eric Llewellyn	Duke Street, Hadleigh.
Palmer, William Hotson	Bracondale, Kirkley Park Road, Lowestoft.
Pearce, John Cuthbert	The Cottage, Diss.
Peregrine, R. L.	Kessingland.
Perry, Arnold William Hart	Suffield Lodge, Gorleston.
Pryce-Morris, Thomas Harold	Eye.
Poignand, Ralph Newman	The Beeches, Walsham-le-Willows.
Robinson, Victor Penrose	The Cottage, Diss.
Ranson, William Russell	The Chestnuts, Needham Market.
Speers, Charles	Earl Soham.
Sleigh, John Graham	Albany Cottage, Dedham, Essex.
Stevens, Norton	The Street, Woolpit.
Spencer, Percy John	Gosford House, Finningham.

<i>Name.</i>	<i>Address.</i>
Sheehan, William Joseph	The Firs, Hoxne.
Scott, Sidney	"Brightwell," Woodbridge Road, Ipswich.
Wade, E. W.	The Beeches, Harleston, Norfolk.
Ward, Kenneth Leslie	The Homestead, Botesdale.
Weir, Archibald	Hill House, Eye.
Wheatley, John Norman	Lawrence House, Eye.
Wight, C. H.	Wangford.
Wynn-Williams, N. R. W.	St. Annes, London Road, Lowestoft.
Vincent, G. O. B.	The Cedars, Diss.

**Relieving Officers' Districts, and
Names and Addresses of Relieving Officers for each District.**

<i>Name of District.</i>	<i>Name of Relieving Officer.</i>	<i>Address.</i>
Beccles	Mr. H. R. Hadingham	Hungate House, Beccles.
Capel	Mr. F. J. Barry	35, Lattice Avenue, Ipswich.
Eye	Mr. N. Billings	Lambeth Street, Eye.
Felixstowe	Mr. H. G. Meadows	Office—Cowley Road, Felixstowe. Residence—c/o. Mr. Sheldrake, The Croft, St. Andrew's Road, Felix- stowe.
Halesworth	Mr. H. W. Bond	Brook Street, Yoxford.
Lowestoft	Mr. A. Jarrold	2, Crown Street Hall, Lowestoft.
Needham	Mr. G. F. Sutton	Ivydene, Needham Market.
Oulton	Mr. E. G. Wilson	86, Victoria Road, Oulton Broad.
Saxmundham	Mr. E. G. Gny	103, High Street, Leiston.
Stowmarket	Mr. V. P. Denne	Crown Street, Stowmarket.
Stradbroke	Mr. J. H. Round	Parkfield, Station Road, Stradbroke.
Wickham	Mr. H. C. Taylor	Plomesgate House, Wickham Market.
Woodbridge	Mr. A. B. Creasy	New Street, Woodbridge.

IV.

Public Assistance—Medical Relief Districts.

Name of District.	Name of Medical Officer.
Blything.	
No. 1	Dr. J. Aylen.
No. 3	Dr. N. M. Stephen.
No. 4	Dr. F. K. Marriott.
Bosmere and Claydon.	
Debenham	Dr. H. Henry.
East Stow.	
No. 1	Dr. J. P. Hill.
	Dr. S. C. Hounsfield (Deputy).
No. 5	Dr. H. S. Gaskell.
Hartismere.	
Dennington	Dr. C. W. W. Armstrong.
Fressingfield	Dr. W. C. Hutley.
Mendlesham and Bacton	Dr. L. B. Aveling.
Stradbroke	Dr. H. G. Biddle.
Plomesgate.	
No. 4	Dr. H. N. Baron.
No. 5	Dr. E. A. Collins.
Samford.	
Holbrook	Dr. A. H. T. Andrew.
Wangford.	
Beccles	Dr. H. G. Wood-Hill.
Bungay	Dr. L. B. Cane.
Woodbridge.	
No. 1	Dr. G. S. Lund.
No. 2	Dr. G. S. Lund.
No. 5	Dr. P. L. Giuseppi.

Public Assistance Institutions—Patients in Sick Wards.

Again I give a Table showing the numbers of patients inhabiting the sick wards of each Institution on the 1st January, 1936, with the proportion of bedridden patients. The total bedridden patients for all institutions is very much the same as before, 48% compared with 46%, and I think that somewhere about 50% can be accepted as a likely figure for the future; the individual institutions have more or less maintained a similar percentage, but a curious position still exists at St. Mary's Hospital, Tattingstone, where practically no patients are confined to bed; last year there were 4 out of 42, and this year 1 out of 38; it is difficult to understand why there should be such a vast difference between this Institution and Lothingland House, Oulton, where 61% of the patients were bedridden.

TABLE XVII.
Table showing proportion of bedridden patients occupying the sick wards of the
Public Assistance Institutions, January, 1936.

NAME OF INSTITUTION.	MALES :			FEMALES :			TOTAL :		
	Number of bedridden patients.	Total patients in sick wards.	Per-centage of bedridden patients.	Number of bedridden patients.	Total patients in sick wards.	Per-centage of bedridden patients.	Number of bedridden patients.	Total patients in sick wards.	Per-centage of bedridden patients.
Hartismere House	23	38	60.5	20	34	58.8	43	72	59.7
Red House, Bulcamp	14	33	42.4	18	30	60.0	32	63	50.8
St. Mary's Hospital, Tattingstone	—	19	—	1	19	5.3	1	38	2.6
Stow Lodge, Onehouse	16	30	53.3	13	21	61.9	29	51	56.9
Plomesgate House	6	15	40.0	4	11	36.3	10	26	38.5
Shipmeadow House	3	15	20.0	7	19	36.8	10	34	29.4
Lothingland House, Oulton	32	52	61.5	27	44	61.4	59	96	61.5
TOTAL	94	202	46.5	90	178	50.6	184	380	48.4

The Age Group Table shows again this year what a vast proportion of old persons occupy the sick wards and indeed there is a tendency for the proportion to increase; roughly, three-quarters were over 60 years of age, and 30 only under the age of 40, just under 8% of the total; of these 13 are classed under mental disease and defect, 2 under epilepsy, 3 pregnancy, and 12 under other conditions.

TABLE XVIII.

Summary of Patients occupying the Sick Wards of the Public Assistance Institutions in the various age groups, January, 1936.

NAME OF INSTITUTION.		AGE GROUPS :—								TOTAL.
		Under 30	30-40	40-50	50-60	60-70	70-80	80-90	90-100	
Hartismere House	M.	—	1	1	2	8	13	12	1	38
	F.	7	—	2	7	6	8	4	—	34
Red House, Bulcamp	M.	1	2	1	1	5	13	8	2	33
	F.	2	—	6	3	—	13	6	—	30
St. Mary's Hospital, Tattingstone	M.	—	1	2	3	5	6	1	1	19
	F.	1	—	2	1	3	7	2	3	19
Stow Lodge, One- house	M.	1	1	4	3	5	10	5	1	30
	F.	—	—	2	1	5	7	4	2	21
Plomesgate House	M.	1	—	1	2	3	4	3	1	15
	F.	—	1	2	1	1	3	3	—	11
Shipmeadow House	M.	—	—	1	3	—	5	5	1	15
	F.	—	3	1	1	1	9	3	1	19
Lothingland House, Oulton	M.	2	1	2	7	6	20	14	—	52
	F.	3	2	1	4	10	10	10	4	44
Total patients in each age group		18	12	28	39	58	128	80	17	380

Percentage of Patients over 60 years of age 74.5

“ “ “ “ 70 “ “ 59.2

This year I give for the first time a summary of the diseases from which the patients suffered who occupied the sick wards. Senility is responsible for nearly one-third of the whole number. Mental disease and mental defect comes next; these two conditions have not been separated because there is some confusion as to which particular branch many of them belong, and at the present time these cases are being sorted into two distinct groups so that those certified as mentally defective can be transferred to Kedington Institution, which it is hoped will be opened towards the latter part of 1936. I therefore expect that in next year's report the figure will be largely reduced by transfers to an institution proper for such patients.

The majority of the conditions which are set out under definite diseases are those of a chronic nature and indeed the institutions at the moment deal very little with acute cases. So long as they remain under the control of the Public Assistance Committee the type of case will not alter; once institutional accommodation for the sick is transferred to the Public Health Committee there will, I feel sure, be a considerable demand for beds for patients suffering from acute temporary illnesses when facilities of the home are incapable of providing a satisfactory environment for the sick person. At the moment the institutions are only used as a last resort when home circumstances are so adverse that they overcome all opposition.

TABLE XIX.
Public Assistance Institutions.
Summary of Diagnoses of Patients occupying Sick Wards, 1st January, 1936.

DIAGNOSIS.	Hartismere House.		Red House, Bulcamp.		St. Mary's Hospital, Tattingstone.		Stow Lodge, Onehouse.		Plomesgate House.		Shipmeadow House.		Lotlingland House, Oulton.		Total.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Senility	10	7	13	7	4	7	—	1	1	3	5	5	25	22	110
Mental Disease and Mental Defect	—	1	4	6	—	3	4	7	—	2	6	6	7	9	51
Bronchitis	3	1	4	6	—	—	2	1	2	1	—	—	—	1	22
Heart Disease	1	3	1	—	3	1	2	1	3	—	—	—	1	1	20
Epilepsy	—	3	1	4	—	—	5	1	—	—	—	1	—	—	15
Malignant Disease	4	—	2	—	1	—	2	—	2	—	1	2	—	—	14
Cerebral Haemorrhage	—	1	—	—	—	—	1	—	—	—	—	2	6	2	12
Blindness, total or partial	3	—	1	—	1	1	—	—	1	—	—	—	—	1	9
Fractures	1	—	1	—	—	2	1	1	—	—	—	1	1	—	8
Tuberculosis	1	2	—	—	1	—	—	—	—	—	—	1	2	—	7
Arthritis	—	2	—	2	—	1	—	1	—	—	1	—	—	—	7
Pregnancy	—	2	—	—	—	—	—	—	—	—	—	—	—	1	3
Other conditions	15	12	6	5	9	4	13	8	6	4	2	1	10	7	102
TOTAL	38	34	33	30	19	19	30	21	15	11	15	19	52	44	380

I include a further Table showing the discharges from the sick wards ; this is not complete as a number of destinations were not stated, but I give all the information that I have received. The greater proportion returned to their own homes.

DISCHARGES FROM SICK WARDS, 1935.

NAME OF INSTITUTION.		Destination :		Transferred to :			Total.
		Own home.	Not stated.	House or Casual Ward.	St. Audry's Hospital.	Hospital or other Institutions.	
Hartismere House	M.	15	—	2	3	2	22
	F.	13	—	2	—	3	18
Red House, Bulcamp	M.	5	3*	4	2	2	16
	F.	9	—	2	1	1	13
St. Mary's Hospital, Tattingstone	M.	4	2*	—	3	1	10
	F.	21	—	3	1	—	25
Stow Lodge, One-house	M.	3	9(6)*	—	—	2	14
	F.	6	4(2)*	1	1	1	13
Plomesgate House	M.	4	4(2)*	5	2	2	17
	F.	10	—	3	1	2	16
Shipmeadow House	M.	8	—	2	1	1	12
	F.	7	—	—	2	2	11
Lothingland House, Oulton	M.	9	14(3)*	6	1	1	31
	F.	10	14	5	8	1	38
Total		124	50(18)*	35	26	21	256

* Admitted as Casuals.

Deaths.—Further Tables are given this year showing patients dying in the sick wards in their respective age groups, and the conditions from which they suffered. It will be noted what a large percentage of deaths occurred compared with the number of patients occupying the sick wards on the 1st January of each year ; these deaths were mainly amongst the older people, less than 3% who died being under the age of 40 years. A number of old people died who were admitted suffering from a terminal illness did not occupy a bed for very long.

A point worthy of notice is that though at Tattingstone (as I have previously shown) few patients are bedridden, nevertheless, more patients died during the year at that Institution than at any other, with the exception of Lothingland House, Oulton, where there are twice as many beds and only had a few more deaths ; at St. Mary's Hospital, Tattingstone, there were 51 and at Lothingland House, Oulton, 57. No doubt the high figure of deaths at Tattingstone was due to the large number of very old people, 27 of those dying being over 80 years of age ; this figure may be accidental and next year may be much lower.

The summary of the causes of death shows senility very easily at the head of table, over one-third coming into this category. Heart disease comes next, but the majority of these patients were old and their death is largely connected with senility. Malignant disease is third. Blindness, of course, has not been the cause of death though the patients were in the institutions because of this condition.

TABLE XX.

PUBLIC ASSISTANCE INSTITUTIONS.

Summary of Deaths of Patients occupying Sick Wards during 1935.

NAME OF INSTITUTION.		Age Groups :								Total.
		Under 30	30-40	40-50	50-60	60-70	70-80	80-90	Over 90	
Hartismere House	M.	—	—	—	2	5	5	3	2	17
	F.	—	—	1	—	1	3	3	—	8
Red House, Bul- camp	M.	—	—	2	—	4	5	3	—	14
	F.	—	—	—	—	1	4	2	1	8
St. Mary's Hospital, Tattingstone	M.	—	—	—	—	2	4	16	4	26
	F.	1	1	1	2	4	9	6	1	25
Stow Lodge, One- house	M.	—	—	1	—	2	3	2	—	8
	F.	—	—	—	—	—	5	1	1	7
Plomesgate House	M.	1	—	1	1	2	9	2	—	16
	F.	1	1	1	1	1	5	3	—	13
Shipmeadow House	M.	—	—	—	—	4	6	2	—	12
	F.	—	—	—	—	1	4	2	1	8
Lothingland House, Oulton	M.	—	—	1	2	6	6	11	2	28
	F.	1	—	—	1	3	10	13	1	29
Total Deaths in each Age Group		4	2	8	9	36	78	69	13	219

Percentage of Patients dying over 60 years of age 89.5
 " " " " " 70 " " 73.0

TABLE XXI.
Public Assistance Institutions.

Summary of Diagnoses of causes of death in Sick Wards during 1935.

DIAGNOSIS.	Hartismere House.		Red House, Bulcamp.		St. Mary's Hospital, Tattingstone.		Stow Lodge, Onehouse.		Plomesgate House.		Shipmeadow House.		Lothingland House, Oulton.		Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Senility	3	3	2	4	13	5	1	2	4	1	3	5	16	22	84
Heart Disease	1	—	1	—	6	5	—	1	3	1	6	—	2	—	26
Malignant Disease	2	—	1	—	2	6	1	1	2	—	1	1	—	1	18
Cerebral Haemorrhage	1	1	—	—	—	1	1	—	1	5	1	1	4	1	17
Mental Disease and Mental Defect	1	1	1	—	1	—	1	1	—	1	—	1	1	—	9
Bronchitis	2	—	2	1	2	—	2	—	—	—	—	—	—	—	9
Blindness, total or partial	1	—	1	—	—	—	—	—	1	—	—	—	—	—	3
Tuberculosis	—	—	—	—	—	—	—	—	—	1	—	—	—	1	2
Arthritis	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Epilepsy	—	—	—	—	—	1	—	—	—	—	—	—	—	—	2
Fractures	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Other conditions	5	3	6	3	2	7	2	2	5	3	1	—	1	4	47
TOTAL	17	8	14	8	26	25	8	7	16	13	12	8	28	29	219

The Public Assistance Institutions, with the exception of Hartismere, provide inadequate accommodation for sick patients and a time is approaching when considerable expenditure must be made for new sick wards that are modern in conception. To convert a building constructed over 150 years ago, however beautiful the exterior may be, is an undertaking of such difficulty as to be unprofitable.

There can be no doubt that new sick wards are required and must eventually be provided. It would be impracticable to use one large hospital for all patients and I think, as I have advised before, accommodation will be required in two places—Lowestoft and Ipswich—the latter probably being in conjunction with the County Borough.

Vaccination.

The percentage of children successfully vaccinated in 1934 is almost identical with that of 1933, there being only a slight reduction of .4 ; this is due to a fall in the numbers vaccinated in recent years. The percentage at Lowestoft has increased from 11.7 to 12.3 ; in Saxmundham district it has fallen from 73.1 to 55.5. In Aldeburgh (previously Leiston Sub-District), Southwold and Stowmarket there has been an increase, but at Eye the figure has dropped.

Vaccination, though a certain protection against Smallpox, is becoming old-fashioned and this I think is largely due to the efficient public health services which exist in the country to-day, and when the disease occurs in a virulent form spread is prevented by the vaccination of contacts.

Vaccination.

TABLE XXII.
ADMINISTRATIVE COUNTY (1934).

SUB-DISTRICT.	Total births registered.	Successfully vaccinated.	Insusceptible of vaccination.	Had small-pox.	Number of declarations from conscientious objectors.	Died unvaccinated.	Postponed by medical certificate.	Removed to other districts, the Vaccinating Officer of which has been apprised.	Removed, address unknown.	Percentage successfully vaccinated.	Excluding those who died unvaccinated. Percentage successfully vaccinated.
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
Beccles	221	117	—	—	91	10	—	1	2	52.9	55.4
Framlingham	108	60	—	—	31	6	—	—	11	55.5	58.8
Saxmundham	144	80	1	—	52	8	—	2	1	55.5	58.8
Lowestoft	636	78	—	—	499	15	6	9	—	12.26	12.5
Stradbroke	135	80	—	—	50	3	—	—	—	59.2	60.6
Woodbridge	226	132	—	—	72	8	1	8	2	58.4	60.5
Eye	162	98	1	—	55	4	—	3	1	60.5	62.0
Felixstowe	210	67	1	—	129	7	1	2	2	31.9	33.0
Aldeburgh	144	102	3	—	32	2	—	3	2	70.8	71.8
Southwold	200	122	—	—	67	8	—	3	—	61.0	63.5
Stowmarket	146	49	—	—	96	1	—	—	—	33.5	33.8
Capel St. Mary	176	98	1	—	55	11	—	—	1	55.7	59.4
Needham Market	218	95	—	—	112	8	—	2	1	43.5	45.2
Kessingland	186	48	—	—	125	9	—	1	3	25.8	27.1
Totals	2912	1226	7	—	1466	100	8	33	26	42.1	43.6

ADMINISTRATIVE COUNTY EXCLUDING LOWESTOFT.

2276	1148	7	—	967	85	2	24	26	50.4	52.4
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LOWESTOFT.

636	78	—	—	499	15	6	9	—	12.3	12.6
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Vaccination.

Late Union.	Registration Sub-District.	Name of Vaccination Officer.	Names of Public Vaccinators acting within the Sub-District.
Blything ...	Leiston ... Southwold ...	Mr. E. C. Guy. Mr. H. W. Bond.	Dr. J. Aylen. Dr. A. Cursham. Dr. N. M. Stephen. Dr. F. K. Marriott. Dr. A. Burlingham. Dr. J. D. Borham. Dr. C. H. Wight. Dr. C. H. Bracewell.
Bosmere and Claydon ...	Coddenham ... Needham Market ... Debenham ...	Mr. G. F. Sutton. Ditto Ditto	Dr. E. A. Addison. Dr. W. R. Ranson. Dr. H. Henry.
East Stow ...	Stowmarket ...	Mr. V. P. Denne.	Dr. J. P. Hill. Dr. H. S. Gaskell. Dr. E. C. Hardwicke.
Hartismere	Eye ...	Mr. N. Billings.	Dr. L. B. Aveling. *Dr. T. H. Pryce-Morris. Dr. K. L. Ward.
	Stradbroke ...	Mr. J. H. Round.	Dr. H. G. Biddle. Dr. W. J. Sheehan. Dr. E. W. Wade. Dr. C. Speers. *Dr. C. W. W. Armstrong. Dr. W. C. Hutley. Dr. T. H. Pryce-Morris. Dr. D. W. Boswell. Dr. H. C. Barraclough. Dr. H. W. Boswell. Dr. H. C. Barraclough. Dr. A. S. K. Anderson.
Mutford and Lothingland	Lowestoft Borough ... Kessingland ...	Mr. A. Jarrold. Mr. E. G. Wilson.	Dr. J. C. Keer. Dr. C. W. W. Armstrong. Dr. C. Speers. Dr. E. A. Collins. Dr. W. J. Lloyd. Dr. H. N. Baron. Dr. E. A. Collins. Dr. J. C. Keer.
Plomesgate	Framlingham Saxmundham	Mr. H. C. Taylor. Mr. H. C. Taylor.	Dr. A. H. T. Andrew. Dr. J. R. McBride. Dr. S. S. Hoyland. Dr. L. B. Cane. Dr. C. Grantham-Hill. Dr. P. L. Giuseppi. Dr. W. F. Fryer. Dr. W. W. Crawford. Dr. G. S. Lund. Dr. W. F. Greer. Dr. W. W. Crawford.
Samford ...	Capel St. Mary	Mr. F. J. Barry.	
Wangford ...	Bungay ... Beccles ...	Mr. H. R. Hadingham.	
Woodbridge	Felixstowe ... Woodbridge ...	Mr. H. G. Meadows. Mr. A. B. Creasy.	

* This Doctor has two districts.

VI.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply.

The following additions or alterations to the water supplies in the County have been made during 1935 ; this information is taken from the reports of the District Medical Officers of Health :—

At the time of writing I have not received reports from the following districts and I am therefore unable to give information under the above heading :—

Boroughs and Urban.

Beccles
Bungay
Lowestoft
Southwold

Rural.

Deben
Gipping
Lothingland
Wainford

Sewage Disposal.

The following are the alterations or additions which have been made in urban and rural areas in the County during 1935 ; this information is taken from the reports of the District Medical Officers of Health :—

At the time of writing I have not received reports from the following districts and I am therefore unable to give information under the above heading :—

Boroughs and Urban.

Beccles
Bungay
Lowestoft
Southwold

Rural.

Deben
Gipping
Lothingland
Wainford

Rural Water Supplies.

The droughts of recent years and the Government grant of £1,000,000 gave a tremendous impetus to the provision of rural water supplies in East Suffolk. The drought showed that something must be done and the grant proved that something could be done. The two together set going a large number of schemes, some of which were of an extensive nature, and though none of the larger ones were in the course of construction during the current year plans were prepared and machinery was set going for their inception.

The rural district of Deben in particular dealt with their problem in a comprehensive manner ; three schemes were launched, all providing a piped supply covering a large area with the supply derived from a central source. The following are the particulars of the individual schemes :—

Deben R.D.C.

1. *North-west Regional* : Cost £17,000. Bores at Framsdon and Cretingham.
To supply :—Cretingham, Swilland, Monewden, Debach, Clopton, Charsfield, Otley.
2. *South-west Regional* : Cost £32,750. Spring at Tuddenham.
To supply :—Kesgrave, Rushmere, Purdis Farm, Grundisburgh, Tuddenham, Burgh, Culpho, Hasketon, Witlesham.

3. *Wickham Market Scheme* : Cost £14,400. Bore at Wickham Market.

To supply :—Wickham Market, Ufford, Pettistree, Dallinghoo, Bredfield, Boulge.

I believe that the N.W. Regional scheme was not acceptable to the Ministry owing to the geological expert's doubt about the sufficiency of the underground source ; this is to be regretted. The Deben R.D.C. are to be congratulated upon the long-sighted and thorough manner in which they propose to supply a large number of rural parishes.

Hartismere R.D.C. In this district great difficulty has been experienced in obtaining a supply of water owing to the geological formation; a thick layer of heavy boulder clay precludes water being obtained from wells and the inhabitants have been dependent almost entirely upon ponds, though in some places deep bores have been sunk into the chalk. A scheme was propounded by the Water Engineer, who reported upon the County resources, for this district but this was not acceptable to the Hartismere R.D.C. who preferred to sink a number of bores rather than to provide a supply from a pipe line to a large area from a single source. The alternative scheme of the District Council was rejected by the Ministry as insufficient and a further scheme, more extensive than the first, has now been introduced ; this covers a larger, though a partially different area. As this relates to 1936 further particulars will be included in the report for next year.

Gipping R.D.C. The Ministry of Health held an inquiry into an application for a loan to institute a water supply at Ashbocking to serve 34 houses and 4 farms, about 152 people occupying these dwellings. A bore was to be made into the chalk, about 140-ft. from the surface, a pump installed, and a water tower with a capacity of three days' supply ; 1,140 gallons daily to be supplied, pumping $1\frac{1}{2}$ hours, allowing $7\frac{1}{2}$ gallons per person.

A further application was made by this Council for an improved supply for the parishes of Ringshall and Charles Tye ; the scheme was a small one, with a bore and hand pump to supply a number of scattered cottages, several at some distance from the proposed pump so that water-carrying for several households would be required. I came to the conclusion that as Battisford was within a mile or so of Charles Tye (Battisford had no proper supply) it would be better to devise a more comprehensive scheme serving Charles Tye by a pipe line from Battisford ; this would bring water to the doors of many householders. The matter was referred to the Gipping R.D.C. and I now understand that a larger scheme embracing many villages is being prepared and will be submitted soon. I am sure that a scheme of this type would confer far greater benefit than the institution of occasional bores and though more expensive at the outset, be more economical in the end. The new scheme includes the parishes of Barking, Battisford, Combs, Little Finborough, Needham Market, Offton, Somersham, Willisham and Ringshall, a bore to be sunk in the parish of Ringshall.

Wainford R.D.C. This Council have continued their policy of sinking wells. One at Brampton was already on the way to completion before application for grant was made. An existing bore with a broken pump was ignored by the Rural District Council as a possible supply. The Committee waited before making a recommendation for grant ; analyses of the water have not been satisfactory, *b. coli* being present upon several occasions, and the question of a grant is still in abeyance.

Spexhall and Ilketshall St. Lawrence. This was a scheme to take water from an existing bore, erect a windmill and tank, and supply 51 houses; the tank storage capacity was for 2,000 gallons only and I was of the opinion that this was too small. As the windmill could not be relied upon to pump at all times, being dependent upon the weather, I advised that the capacity of the tank should be 5,000 gallons which would allow a supply of five gallons a head for five days, or 25 gallons reserve for each person. The District Council were unwilling to give way in the matter and offered as an alternative to make such alterations to the gear as would enable them to change over on short notice to a petrol pump in case of failure of wind power and to instal a pump as and when the necessity arose. I considered this guarantee was not sufficient; the matter was again brought forward by the District Council when I was on leave and the Committee agreed to the proposal. I am still of the opinion that the reserve is insufficient and in similar cases which have arisen subsequently I have given the same advice and in these instances the necessary changes have been accepted.

Samford R.D.C. A comprehensive scheme was devised for providing a piped supply for East Bergholt; this parish had suffered from lack of a proper supply, depending largely upon wells which had failed somewhat during drought periods. The proposed scheme was still under consideration of the County Council at the end of the year.

Local Government Act, 1929 : Section 57.

Applications for grants under Section 57 of the above Act, from the following District Councils, were dealt with during 1935:—

Improvement of Water Supplies.

RURAL DISTRICT COUNCIL.	PARISHES CONCERNED.	Suggested extension of, or addition to, existing water supply.	Whether grant sanctioned.
WAINFORD	Ilketshall St. Andrew	New well, Top Road, St. Andrew's Common	Yes.
Ditto	Westhall	New wells at Cox Common and Mill Common	Yes.
Ditto	Spexhall and Ilketshall St. Lawrence	New public supply : bore well and pipelines	Yes.
BLYTH	Cransford	New public supply : bore well and pipelines	Yes.
SAMFORD	East Bergholt	New public supply : bore well and pipelines	Yes.
DEBEN	Tuddenham, Culpho, Witnesham, Grundisburgh, Hasketon, Burgh, Kesgrave, Rushmere St. Andrew and Purdis Farm	Ditto	Yes.
Ditto	Cretingham, Swilland, Monewden, Debach, Clopton, Charsfield, Otley	Ditto	Yes.
Ditto	Wickham Market, Ufford, Pettistree, Dallinghoo, Bredfield, Boulge	Ditto	Yes.

Improvement in Methods of Sewage Disposal.

		NONE	
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VII.

Housing.

No housing inspections were undertaken during the year either by myself or the County Sanitary Officer, who took up his duties in the autumn of 1935. Owing to the large amount of work that had to be performed in visiting Grade A. farms it was impossible for Mr. Chapman to devote any time to this section of his work.

At the time of writing I have not received reports from any of the Medical Officers of Health of Rural Districts in the area and I am not aware of the activities that have been pursued during the year. I understand that under the 1930 Act Inspectors of the Ministry of Health have visited certain areas and that as a result some re-orientation of view of the suitability of many houses for occupation may be required. The Housing Act of 1935 has given many District Councils much work; this Act was designed to prevent overcrowding and lays down the standard; the result of the application of this standard has been rather to diminish the number of dwellings that previously were thought to be overcrowded when there was no set formula. The Act will have the advantage of eliminating overcrowding through the concurrence of poverty and a large family—a common state—and in this way should confer great benefit.

Housing (Rural Workers) Acts, 1926 and 1931.

The great progress under this Act which has been noticeable during the last two years has been maintained in 1935, and a larger number of dwellings than ever before have been dealt with. Though 152 houses may not be a large proportion of all the rural dwellings in the County this would be sufficient to contain all the inhabitants of a moderately sized parish—some indication of the progress made. The re-conditioning, enlargement, and conversion work is practically the same as last year, but many more houses have been provided with a water supply.

The money granted by the Council during the year was £11,000, (last year's expenditure being £9,000) in 1933 only £6,000 was granted.

I expect that in the next year or so there will be a considerable demolition of ancient cottages in the County under the 1930 Housing Act; this is necessary owing to the dilapidated condition of the properties and their inadequacy as proper dwellings. This destruction may be more general than expected. I have formed this opinion after consultation with the County Sanitary Officer who has had the opportunity of visiting recently a Rural District in company with one of the Ministry's Inspectors.

Fitness of a house for habitation must frequently be a matter of opinion and as the standard required is likely to be rather higher than anticipated the number of houses scheduled for demolition is not going to be small. As a Medical Officer I naturally desire the very best housing conditions possible for all members of the community, but I cannot put from my mind that changes of this character will have a repercussion and that the face of the Suffolk countryside may experience a change which may be somewhat of a shock to lovers of rural beauty ; what are now externally picturesque cottages will be replaced by unattractive little brick box-like houses. In spite of the Town and Country Planning Act, Suffolk, like the rest of England, is losing charm rapidly in neighbourhoods adjacent to towns where builders are still allowed to defile the country by ugly erections created to realise profit, buildings which will present future generations with their own slum problem. With this unfortunate picture already before us and with the possibility of a change in the most remote rural scenery it behoves the County Council to continue as they are doing at present to assist every owner of an old and picturesque homestead who is willing to make it habitable and to preserve it for the delectation of this and future generations. Indeed I can conceive a slogan, "The Housing (Rural Workers) Act Preserves your Heritage."

Housing (Rural Workers) Acts, 1926 and 1931.

An analysis of the work done during 1935 is as follows :—

Provision of water supply	70
Reconditioning work	82
Re-roofing	—
Enlargement of existing dwellings	26
Conversion of buildings into dwellings	3
Improvement to drainage system	—

Year.	Total number of dwellings concerned.
1931	83
1932	30
1933	101
1934	105
1935	152

Progress of Scheme approved by the Minister of Health under the Housing (Rural Workers) Acts, 1926, and 1931.

Position at 31st December, 1935.

ASSISTANCE BY WAY OF GRANTS BY THE COUNCIL.

Purpose for which assistance required.	Number of dwellings in respect of which applications for grants have been :—			Assistance promised by the Council :—		Assistance given by the Council :—		Number of dwellings :—	
	Made to the Council. (2)	Refused by the Council. (3)	Withdrawn by applicants. (4)	Total Amounts of grants promised. (5)	Number of dwellings concerned. (6)	Total Amounts of grants paid. (7)	Number of dwellings concerned. (8)	On which work has been finished. (9)	On which work has been commenced but not finished. (10)
(1)									
(i) Conversion of buildings not previously used as dwellings into dwellings	47	5	14	£ 2,708 . 4 . 0	28	£ 2,408 . 4 . 0	25	25	2
(ii) Improvement of existing dwellings	931	61	66	£ 55,495 . 6 . 2	748	£ 40,497 . 19 . 11	582	582	65
(iii) Total	978	66	80	£ 58,203 . 10 . 2	776	£ 42,906 . 3 . 11	607	607	67

VIII.

INSPECTION AND SUPERVISION OF FOOD.

Milk.

The policy of examining 100 County samples of milk annually for tubercle bacilli has been continued; the County Council perform the biological examination and the District Councils select the farms and collect the milk. During 1935 only one milk out of 102 samples was found to contain tubercle bacilli; a similar result has not been achieved since 1929. It is not possible to say—if I may so express it—whether this is “a flash in the pan.” It is unlikely that this extremely low percentage was due entirely to the systematic inspection of herds which has been carried out by Veterinary Surgeons throughout the year; nevertheless, I hope it is a case of cause and effect, though with the example of 1929 when there was no Veterinary Surgeon working in the County it may be unwise to make this assumption so soon; yet the fact remains that the year has been a very successful one and I hope that the chance of 100 to 1 against tubercle bacilli will continue to be maintained.

Some effect has probably been produced by the Accredited Milk Scheme, for all cows in herds producing Grade A. Milk must be examined every three months by a Veterinary Surgeon and any cows discovered suffering from Tuberculosis are at once removed from the herd. However, as this Scheme was in operation only for the last half of the year there was not much time for its influence to be felt. The figure of most value is the percentage found during the whole period of nine years; 3.8% of positive milks is lower than the figures usually given.

TABLE XXIII.

Year.	Number of samples tested.	Tubercle bacilli absent.	Tubercle bacilli found.	Percentage of samples found to contain tubercle bacilli.
1927	33	31	2	6.0
1928	88	84	4	4.5
1929	106	105	1	.9
1930	103	101	2	1.9
1931	106	103	3	2.8
1932	106	99	7	6.6
1933	101	96	5	4.9
1934	102	95	7	6.9
1935	102	101	1	1.0
Totals	847	815	32	3.8

In addition to the scarcity of infected milk discovered by our own efforts there has been only one report to me under the Milk and Dairies Act of 1915 by a Medical Officer of Health of another area that milk produced in East Suffolk has been found to contain tubercle bacilli.

Particulars of Veterinary Surgeons' Investigations.

An investigation was carried out in respect of two herds where the samples of milk were found to contain tubercle bacilli : the following are the particulars of the investigations :—

- (1) Number of cows in herd :—20. Special samples were taken from five cows ; the rest of the herd was divided into three and a mixed sample taken from each group.

No tubercle bacilli were found in any of the special or mixed samples by the biological test ; therefore, the investigation failed to discover which cow was originally responsible for infecting the milk.

- (2) Two farms were concerned :—

(a) Number of cows in herd :—16. One special sample was taken, and four mixed samples from the rest of the herd. All were examined biologically ; the mixed samples proved negative. Tubercle bacilli were found in the special sample ; the animal was slaughtered and post mortem examination revealed tuberculosis of the lungs, mesenteric glands, and one quarter of the udder. The disease was not advanced.

(b) Number of cows in herd :—11. Two mixed samples only were taken ; both were tested biologically, one proved negative and the other positive. Individual samples were taken from the five cows concerned in the positive mixed milk sample, but all proved to be negative upon biological examination. Therefore, the second inspection was fruitless.

As is usual the investigations were not uniformly successful. Number (1) failed altogether to isolate an offending animal ; this may be due to a cow previously passing tubercle bacilli in milk ceasing to do so by the time the investigation was made, or there is the possibility that manure infected with tubercle bacilli found entrance to the original sample of milk and that the organisms did not come from the udder of the cow, but I think this is unlikely.

In Number (2) one cow was isolated with an infected udder and slaughtered, but tubercle bacilli were present in one of the mixed samples and the offending animal was not identified at the second inspection, so that this investigation was partially successful.

Milk (Special Designations) Order.

In my previous reports when there were few Grade A. Milk producers I have given particulars of the names and addresses of the farms, the parishes in which they were situated, and the date of issue of licence. At the end of the year 246 licences had been granted ; of these, 15 were suspended during the year but subsequently restored. To give details of all these would create such a long list as to be unprofitable and I am omitting it from my report this year.

What might be described as a revolution has occurred ; for many years the number of Grade A. Licences issued annually only increased very slightly and then remained somewhere at the round figure of a dozen, beyond this no progress seemed likely to be made. The Milk Marketing Board's scheme was launched so suddenly that the Public Health staff was unprepared to deal adequately with the applications for licences which arrived from all quarters ; anxious producers demanded early inspection of their premises so that they might benefit by the extra 1d. a gallon. It was a case of "all hands to the pump" (this remark applies only to members of the Staff) and in order to deal with the sudden rush of work it was necessary to call to my aid three Assistant County Medical Officers of Health.

It had always been my practice previously to inspect a farm of an applicant for a licence during the afternoon and to arrive well before milking commenced to observe all the conditions of preparation and production ; this was now impossible for visits had to be made during the day one after the other and in the main it was necessary to rely upon one's observation of cleanliness of cowsheds, utensils, cows, etc., and to cross-question the cowmen upon their milking methods. The standard taken from the beginning was that the Milk and Dairies Order must be observed ; it was felt that while steam sterilisation was important, nevertheless, this could not be insisted upon where there was a copper of adequate size used for sterilising of milk utensils alone.

Applications were made from a somewhat different motive than before ; the 1d. a gallon was there to be got and many felt that they had a right to their share of the spoil. It was obvious that a large number of applicants had no conception of what were the requirements of the Grade A. standard and it was realised very soon that many applications were not acceptable and indeed were almost frivolous ; conditions were seen that reflected very seriously upon the supervision that had been given in the past by officials of the District Councils. To quote one instance that I saw myself—the cowshed walls were in a filthy condition, the shed had obviously been used for a long time as a cowshed, but it was apparent the walls had never once felt the whitewash brush. Many applications were refused, but these refusals increased the work because an endeavour was immediately made to rectify the deficiencies in order to obtain a licence ; it was impossible for the Medical Staff to make a further inspection and, therefore, the Dairy Instructor of the Education Committee revisited the farms to ascertain whether the conditions had so altered that they now complied with the standard, but in carrying out these inspections he was departing from his proper function and became an examiner as well as coach ; however, there was no alternative to this topsy-turvy situation.

The whole affair was a scramble and no doubt incongruities happened which were unfortunate, though inevitable, and many who obtained licences were extremely lucky. When the tumult had subsided and there was time, with the addition to the staff of a County Sanitary Officer, for supervision, it was found that many licensees were transgressing the Milk and Dairies Order ; in fact, I think they felt all that mattered was to get a licence and that being achieved the old methods could be reverted to.

Mr. Chapman had a somewhat delicate task in front of him and as he came from an area where it was *sine qua non* to produce clean milk as a routine, the conditions in East Suffolk were somewhat of a shock

to him ; he set out righting the position persuasively and tactfully and his first three months were devoted almost entirely to inspection of farms and interviewing owners. I can say with confidence that I am very much happier to-day about the condition of many Grade A. farms in this area than I was before Mr. Chapman came and this is due to his pioneer work. I do not wish any misconstruction to be placed upon these comments, for many Grade A. producers from the commencement were carrying out every provision of the Order and were most painstaking in their methods of clean milk production, but as in most walks of life, there were the sheep and the goats and, if it be possible scientifically, a number of crosses as well.

In addition to inspection by the County Sanitary Officer the Sampling Officer visited as many farms as possible during each month ; his work is somewhat arduous and entails long journeys early in the morning and in the afternoon, with a period of rest in between. At first it was possible to obtain samples about once a month from each farm, but the number of Grade A. producers has now become so large that it is not possible to collect samples from each farm more often than six times a year.

Experience leads me to suppose that the bacteriological results are not always a true representation of the cleanliness of the milk ; the vast difference between the results in the winter and those of the summer justifies this view, for in the winter few fail to comply with the standard while in the summer even the most careful may have a sample which fails to pass the test. In some cases the wicked prosper, for I remember upon one occasion I found innumerable flies struggling in the milk, the weather was hot, the cowsheds overcrowded, and the milkmen were not wearing their overalls ; this was in the early days, and I expected and hoped that this unhygienic state of affairs would be reflected in the bacteriological result, but I was both surprised and disappointed for no *b. coli* were found and the bacterial count was low. However, apart from supervision and instruction when methods are wrong sampling is the only way, inaccurate and perhaps unfair though it may be at times, of checking cleanliness.

When a sample is taken from a farm and does not comply with the required standard the producer is warned and a further sample taken after the end of 14 days ; if this fails—after the usual period allowed for an explanation—the licence is suspended until two further samples have been collected by the Milk Sampling Officer, both of which comply with the Grade A. standard.

I hope that the vast amount of money and energy that is being expended throughout the land upon the production of clean milk is really worth while. Clean milk is quite distinct from safe milk though the two may be easily confused by the consumer, for there is no guarantee that milk produced in a clean manner is free from infection by the many organisms that may convey disease to the public through this channel ; dirty milk may be harmless and clean milk may contain the seeds of death.

The following are the names and addresses of owners who are licensed by the Ministry of Health to sell designated milk in the Administrative County of East Suffolk :—

Name and Address of Producer.	Parish.	Nature of Licence.	Date of issue of Licence.
Mr. R. H. Brittain, Gulpher Hall Farm, Felixstowe	Felixstowe	Certified and Grade " A " T.T.	26/10/28.
Mr. E. K. Bannister, Whitton Farm, Oulton Broad	Lowestoft ...	Grade " A " T.T.	23/8/28.
Mr. H. R. Dashwood, Caldecott Hall Farm, Fritton	Fritton	Ditto	20/12/28.
Mr. D. G. Wigan, Loudham Park Farm, Pettistree	Pettistree	Ditto	7/2/30.
Mr. W. W. Flatt, Manor Farm, Lound	Lound	Ditto	17/9/30.
Mr. P. W. Mobbs, Carlton Hall, Lowestoft	Carlton Colville	Ditto	10/7/34.

Sale of Food and Drugs Act.

This Act was not administered in 1935 by my Department. I include a report of the Chief Constable for this year.

The appointment of a County Sanitary Officer made it possible for my Department to administer the Act and though for the first three months of 1936 the work was still carried out by the County Police, the County Sanitary Officer is now Food and Drugs Inspector and will be responsible for taking all samples outside the area of the Borough of Lowestoft.

TABLE XXIV.
FOOD AND DRUGS (ADULTERATION) ACT, 1928.
Formal Samples.

During the year 1935 the following samples were taken for examination :—

Nature of Sample.	Number taken.	Genuine.	Containing preservatives.	Number adulterated.	Poor, of doubtful quality.	Broken in transit.
Almonds	1	1				
Almonds, Ground	2	2				
Baking Powder	1	1				
Balmoral Roll	1	1				
Butter	14	14				
Butter, Empire	1	1				
Candied Peel	1	1				
Cheese	1	1				
Cheese Powder	1	1				
Cherries, Glacé	1	1				
Chocolate Liqueurs	1	1				
Cocoa	1	1				
Cocoa, Empire	1	1				
Coffee	1	1				
Coffee and Chicory Mixture	1	1				
Coffee, Ground	1	1				
Crab Meat	1	1				
Cream, Fresh	1	1				
Crumbs, Cooking	1	1				
Custard Powder	3	3				
Dripping, Beef	1	1				
Figs, Layer	1	1				
Flour, Ginger-cake	1	1				
Flour, Self-raising	1	1				
Fruit, mixed	2	2				
Ginger	1	1				
Golden Syrup	1	1				
Grape Fruit, Tinned	1	1				
Honey	1	1				
Jam, Plum	1	1				
Jam Roll	1	1				
Jelly, Lemon	1	1				
Jelly, Table	3	3				
Kipper Pâte	1	1				
Lard	3	3				
Lardex	1	1				
Lemon Curd	1	1				
Lemonade Powder	1	1				
Margarine	6	6				
Meat, Potted	2	2				
Meat Paste, Potted	1	1				
Milk	174	148		2	24	
Milk, Machine-skimmed	1	1				
Mincemeat	4	4				
Mint, Dried	2	2				
Mustard	1	1				
Peas, Tinned	2	2				
Pepper, White	4	4				
Polony	1	1				
<i>Carried forward</i>	257	231		2	24	

TABLE XXIV.—*continued.*

Nature of Sample.	Number taken.	Genuine.	Containing preservatives.	Number adulterated.	Poor, of doubtful quality.	Broken in transit.
<i>Brought forward</i>	257	231		2	24	
Pork Cheese	2	2				
Pork Pie	1	1				
Prunes	1	1				
Pudding, Ready-mixed	1	1				
Rice, Flaked	2	2				
Rice, Ground	2	2				
Sauce, Rum-flavoured	1	1				
Sausage	1	1				
Sausage, Beef	1	1				
Sausage, Pork	4	4				
Spice, Mixed	1	1				
Sponge Mixture	1	1				
Steak-and-kidney Pudding	1	1				
Suet, Beef	2	2				
Suet, Shredded Beef	1	1				
Sultanas	1	1				
Sugar	1	1				
Sugar, Icing	1	1				
Tangerine Oranges, Tinned	1	1				
Tea	5	5				
Tapioca	1	1				
Veal, Jellicd	1	1				
	290	264		2	24	

G. S. STAUNTON,
Chief Constable of East Suffolk.

County Chief Constable's Office,
Ipswich,

11th March, 1936.

List of Samples containing Preservatives, Adulterated, or of doubtful quality, and Action taken.

Nature of Sample.	Nature of preservative.	Nature of adulteration.	Sample of poor and doubtful quality.	Action taken.
Milk			Genuine Milk 82%, Milk devoid of fat 18%.	Cautioned.
Milk			Genuine Milk 91%, Milk devoid of fat 9%.	Cautioned.
Milk			Genuine Milk 89%, Milk devoid of fat 11%.	Cautioned.
Milk			Genuine Milk 99%, Milk devoid of fat 1%.	Cautioned.
Milk			Genuine Milk 80%, Milk devoid of fat 20%.	Cautioned.
Milk			Genuine Milk 85%, Milk devoid of fat 15%.	Cautioned.
Milk			Genuine Milk 99%, Milk devoid of fat 1%.	Cautioned.
Milk			Genuine Milk 88%, Milk devoid of fat 12%.	Cautioned.
Milk			Genuine Milk 95%, Milk devoid of fat 5%.	Cautioned.
Milk			Genuine Milk 77%, Milk devoid of fat 23%.	Prosecution, two partners fined 10/- each.
Milk			Genuine Milk 95%, Milk devoid of fat 5%.	Cautioned.
Milk			Genuine Milk 87%, Milk devoid of fat 13%.	Cautioned.
Milk			Genuine Milk 86%, Milk devoid of fat 14%.	Cautioned.
Milk			Genuine Milk 87%, Milk devoid of fat 13%.	Cautioned.
Milk			Genuine Milk 97%, Milk devoid of fat 3%.	Cautioned.
Milk		14.5% added water.		Prosecution : Fined £3.
Milk			Genuine Milk 87%, Milk devoid of fat 13%.	Prosecution : Case dismissed.
Milk			Genuine Milk 83%, Milk devoid of fat 17%.	Prosecution : Case dismissed.
Milk			Genuine Milk 86%, Milk devoid of fat 14%.	Prosecution : Case dismissed.
Milk			Genuine Milk 83%, Milk devoid of fat 17%.	Prosecution : Case dismissed.
Milk		17.5% added water.		Prosecution : Vendor fined £5, servant fined £2.
Milk			Genuine Milk 95%, Milk devoid of fat 5%.	Cautioned.
Milk			Genuine Milk 76%, Milk devoid of fat 24%.	Prosecution : Case dismissed.
Milk			Genuine Milk 94%, Milk devoid of fat 6%.	Cautioned.
Milk			Genuine Milk 94%, Milk devoid of fat 6%.	No action : subsequent sample from same source was genuine.
Milk			Genuine Milk 95%, Milk devoid of fat 5%.	No action : subsequent sample from same source was genuine.

G. S. STAUNTON,
Chief Constable of East Suffolk.

*County Chief Constable's Office,
Ipswich,
11th March, 1936.*

TABLE XXV.

PUBLIC HEALTH (PRESERVATIVES, ETC., IN FOOD)
REGULATIONS, 1927.

Nature of Sample.	Number of samples examined for the presence of a preservative.	Number in which preservative was reported to be present and percentage of preservative found in each sample.
Milk	174	Nil.
Cream	1	Nil.

G. S. STAUNTON,
Chief Constable of East Suffolk.

*County Chief Constable's Office,
Ipswich,
11th March, 1936.*

IX.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND
OTHER DISEASES.**Isolation Hospital Accommodation.**

The following are the Isolation Hospitals now operating in the County, showing the various Districts served :—

<i>Name of Hospital.</i>	<i>District Served.</i>
Lowestoft Isolation Hospital :	Municipal Borough of Lowestoft. Municipal Borough of Southwold.
Oulton Isolation Hospital :	Lothingland R.D. Bungay U.D. Wainford R.D. Loddon R.D. (Norfolk).
Stowmarket Isolation Hospital :	Stowmarket U.D. Municipal Borough of Eye. East Stow R.D. Hartismere R.D. Thedwastre R.D. (West Suffolk).
Ipswich Isolation Hospital :	County Borough of Ipswich. Municipal Borough of Aldeburgh. Felixstowe Halesworth Saxmundham Woodbridge Blyth Hartismere Deben Cosford and Hadleigh (West Suffolk).
Barham Isolation Hospital (Scarlet Fever cases ; hospital only opened when required) :	Gipping Samford
	<i>Urban Districts.</i>
	<i>Rural Districts.</i>
	<i>Rural Districts</i>

In my report for 1933 I gave particulars of a third scheme for isolation hospital accommodation for the County. During 1935 this had not had the consideration of the Ministry of Health and, therefore, no decision as to the adequacy of this scheme was given ; perhaps in 1936 further progress will be made in arriving at a conclusion as to what is acceptable. It must naturally be a matter of extreme difficulty to devise a scheme agreeable to all concerned, viz. :—The Ministry of Health, the County Council, 12 Urban District Councils and 7 Rural District Councils ; in all, 21 distinct bodies.

INFECTIOUS DISEASES.
TABLE XXVI.

[illegible]

Scarlet Fever.—The number of cases notified was 389, and there were four deaths. Last year the disease was very prevalent throughout the County, but this year there has been a marked decline ; the mortality rate is just over 1%.

Diphtheria.—The number of cases notified was 141, with 7 deaths. There was an increase in the number of cases in 1935, but Lowestoft was responsible for 100 of these and 41 only arose in the rest of the County. The mortality rate was low, only 5% comparing favourably with the rate of 13.6% last year.

Enteric Fever.—The number of cases notified was 120 and there were three deaths. For the first time for many years there was an outbreak of paratyphoid fever in the County, this was confined principally to the Borough of Lowestoft where 98 cases were notified ; 7 occurred in Lothingland R.D. which is contiguous with the Borough. An outbreak in Ipswich which was confined more or less to the staff of the East Suffolk and Ipswich Hospital gave rise to some cases in the County though the patients were infected in Ipswich. These two outbreaks were responsible for a very high incidence of Enteric Fever, nothing like it having been experienced within my term of office ; however, deaths were few, the mortality rate being 2.5%.

Puerperal Fever and Pyrexia.—The number of cases notified was 32 and there were 3 deaths giving a mortality rate of 9.4%. The number of notified cases is less than last year.

Pneumonia.—The number of cases notified was 144 ; there were 92 deaths, giving a mortality rate of 62.5%. There was a decrease in the number of notifications and of deaths ; only once in the last ten years have these been less.

Encephalitis Lethargica.—One case only was notified, but there were two deaths ; since 1933 there have been 7 notifications, but 17 deaths, due to non-recognition of the disease until later complications ensued.

Poliomyelitis.—There was no notification or death from the condition.

Small-pox.—No case of Small-pox occurred in the County during the year and there was no death.

TABLE XXVII.
INFECTIOUS DISEASES.
Attack Rate per 1,000 living.

Disease.	Administrative County.							Englan and Wales, 1935.
	1929.	1930.	1931.	1932.	1933.	1934.	1935.	
Small-pox	0.005	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Scarlet Fever	1.700	1.491	1.548	0.991	1.557	4.423	1.866	2.960
Diphtheria	1.014	0.996	0.755	0.460	0.263	0.521	0.676	1.600
Enteric Fever	0.075	0.075	0.015	0.043	0.076	0.019	0.576	0.040
Puerperal Fever	0.085	0.043	0.083	0.034	0.038	0.091	0.048	3.060
Puerperal Pyrexia	0.110	0.162	0.137	0.110	0.096	0.105	0.106	9.440
Pneumonia	1.109	0.686	0.696	0.695	0.836	1.071	0.690	1.150
Poliomyelitis	0.005	0.000	0.005	0.024	0.009	0.014	0.000	—
Erysipelas	0.300	0.238	0.216	0.172	0.157	0.316	0.331	0.420
Encephalitis Lethargica	0.005	0.014	0.010	0.000	0.015	0.014	0.005	—

TUBERCULOSIS.

Medical Staff.

Chief Tuberculosis Officer :

Dr. B. Wood-White.

Assistant Tuberculosis Officers (part-time) :

Dr. A. G. Atkinson.

Dr. H. C. G. Pedler.

Dr. J. S. B. Mackay.

Medical Superintendent, Normanston Hospital :

Dr. M. A. MacDonald (part-time).

Nursing Staff.

Two official Health Visitors (part-time).

A varying number of District Nurses who act as Tuberculosis Visitors.

The National Association for the Prevention of Tuberculosis approached the County Council and the Suffolk Nursing Association with a view to establishing in East Suffolk a Nurse Commissioner, whose salary and expenses would be borne by them. Her work was to consist of visiting the patients, instructing and helping the Tuberculosis Visitors, giving lectures, and establishing After-Care Committees. Miss White was appointed and commenced work in the County on 10th September, 1934, her term of office being for one year ; she did not wish to continue as Nurse Commissioner after this period and resigned, ceasing her duties on 7th November, 1935. The Association decided that the post should not be refilled for the time being.

For a period of four years the number of deaths has remained almost unchanged, but there is once more a welcome decline. Previously the lowest number of deaths in the County from Tuberculosis was 131. This year the number is 120, due to a reduction in pulmonary deaths ; never have these been less than 105, but in 1935 there were 94 deaths from this cause. This year's rate is 58 per 1,000 of the population, the pulmonary being only .45 ; this is a huge difference from 1918, the end of the period when the stress and privation of war was making itself felt—the rate was then 1.25, nearly three times as great as to-day.

I am able to show the number of deaths in the five last quinquennia which perhaps gives a better idea of the reduction than a comparison from year to year ; this is not a true reflection of events for the number of persons at risk has not been taken into account and naturally during the War years the population of the County fell owing to loss of men to the Services. The years 1916 to 1920 were unnatural years and the rise in the number of deaths denotes this, while the period 1921 to 1925 reflects also the effects of War.

The following Table shows the number of deaths from Tuberculosis, according to the Registrar-General returns, during the last five quinquennia :—

Five-yearly Period.	Deaths from Pulmonary Tuberculosis.	Deaths from Non-Pulmonary Tuberculosis.	Total.
1911–1915 	829	264	1,093
1916–1920 	913	260	1,173
1921–1925 	811	217	1,028
1926–1930 	633	150	783
1931–1935 	524	124	648

For the last twenty years the figures are as follows :—

Ten-yearly Period.	Deaths from Pulmonary Tuberculosis.	Deaths from Non-Pulmonary Tuberculosis.	Total.
1916–1925 	1,724	477	2,201
1926–1935 	1,157	274	1,431

I reproduce a graph which shows diagrammatically the variations of the Tuberculosis death rate for both England and Wales and the Administrative County of East Suffolk. This is an interesting diagram ; two things stand out clearly, firstly, the ill-effect of the War and, secondly, the marked divergence of the two rates in 1911 and the gradual approximation of these rates over twenty-five years.

It is obvious that the rate for the country dealing with large numbers is stable and the County rate, as is natural with few, is erratic. The graph for the country is such that a line can be drawn from the plotted positions of 1912 to that of 1932/33 (except for the War years) without showing much divergence from the line of the graph. This cannot be done for the County, but a line drawn through the points plotted for 1912/13/14 and those for 1933/35 show, I think, the line the graph would have taken, with of course variations, if the War had been avoided.

The graph appears to show that in respect of Tuberculosis the country shook off the effects of the War by 1920 ; the County graph on the other hand remained above the expected line until 1925, which suggests that it took the County five years longer to rid itself of the ill-effects of the War. The two rates, the graph demonstrates, are slowly approaching, for the country rate declines a little more than the County ; if prolonged along the line that each is taking eventually the two meet and, unless something untoward occurs to prevent it, it looks as though the County and country rates will coincide, the rate of each then being identical, and this should happen in about 25 years, the rate for both by then being as low as .17 per 1,000 population ; this is not a promise ; the straight lines of the graph may gradually develop a concave curve and the estimation of 25 years may be pushed further into the future.

The County pulmonary rate has followed the same course as the general rate, but the non-pulmonary, before the War, was well below the rate for the country ; since then it has been above it upon two occasions. For 1933 and 1934 it was only .01 less, a very marked change from 1911 when the difference was .13.

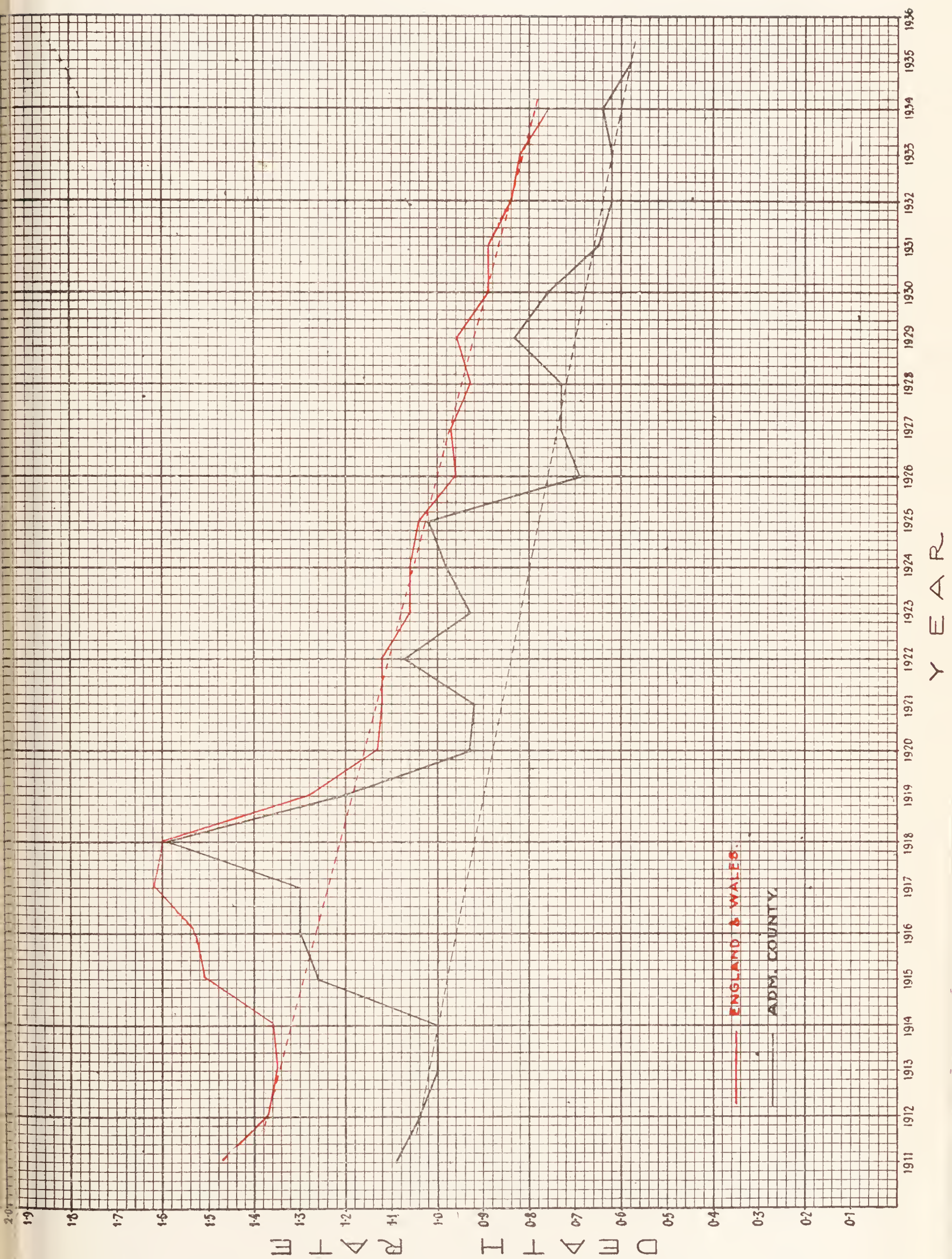


TABLE XXVIII.
Death Rates—Tuberculosis.

Year.	All Forms.		Pulmonary.		Non-Pulmonary.	
	Adminis- trative County.	England and Wales.	Adminis- trative County.	England and Wales.	Adminis- trative County.	England and Wales.
1911	1.09	1.47	.81	1.06	.28	.41
1912	1.04	1.37	.80	1.02	.24	.35
1913	1.00	1.35	.76	.99	.24	.36
1914	1.00	1.36	.76	1.02	.24	.34
1915	1.26	1.51	.97	1.14	.29	.37
1916	1.3	1.53	1.00	1.16	.30	.37
1917	1.3	1.62	1.03	1.23	.27	.39
1918	1.59	1.60	1.25	1.30	.34	.37
1919	1.21	1.28	.95	.99	.26	.28
1920	.93	1.13	.72	.87	.21	.26
1921	.92	1.12	.70	.88	.22	.24
1922	1.07	1.12	.82	.89	.25	.23
1923	.93	1.06	.74	.84	.19	.23
1924	.98	1.06	.77	.84	.21	.21
1925	1.02	1.04	.85	.83	.17	.21
1926	.69	.96	.55	.77	.14	.19
1927	.73	.97	.60	.79	.14	.18
1928	.73	.93	.62	.75	.11	.18
1929	.82	.96	.61	.79	.20	.17
1930	.76	.89	.64	.73	.12	.16
1931	.65	.89	.50	.74	.14	.15
1932	.62	.84	.54	.69	.09	.15
1933	.62	.82	.50	.69	.12	.13
1934	.64	.76	.52	.63	.12	.13
1935	.58	—	.45	—	.12	—

TABLE XXIX.

*Cases Certified as having died of Tuberculosis :
Figures furnished by the Registrar-General.*

Year.				Pulmonary.	Non-Pulmonary.	Total.
1911	....	....	....	164	58	222
1912	....	....	....	165	50	215
1913	....	....	....	158	49	207
1914	....	....	....	157	51	208
1915	....	....	....	185	56	241
1916	....	....	....	183	55	238
1917	....	....	....	182	50	232
1918	....	....	....	221	61	282
1919	....	....	....	182	51	233
1920	....	....	....	145	43	188
1921	....	....	....	144	45	189
1922	....	....	....	171	53	224
1923	....	....	....	155	39	194
1924	....	....	....	163	44	207
1925	....	....	....	178	36	214
1926	....	....	....	115	29	144
1927	....	....	....	124	29	153
1928	....	....	....	131	23	154
1929	....	....	....	129	43	172
1930	....	....	....	134	26	160
1931	....	....	....	104	28	132
1932	....	....	....	112	19	131
1933	....	....	....	105	26	131
1934	....	....	....	109	25	134
1935	....	....	....	94	26	120

Artificial Pneumothorax Treatment.

The following Table shows the number of patients receiving treatment by artificial pneumothorax during the last five years :—

TABLE XXX.

NEW CASES.

Institution.	1931.	1932.	1933.	1934.	1935
Ipswich Sanatorium	3	7	5	8	3
Brompton Hospital	1	1	1	—	2
East Anglian Sanatorium	1	—	—	—	—
Preston Hall	—	1	—	—	—
Maltings Farm Sanatorium	—	—	—	—	1
Totals	5	9	6	8	6

The particulars below relate to those cases receiving treatment during 1935 ; similar information has been given in respect of patients in my annual reports since 1932 :—

Case No.	Date of Induction.	Whether continuing treatment ; if not, date of cessation.	Reason for cessation of treatment.
5,138	1930-31.	13-11-35.	Treatment completed
5,864	27-1-32.	30-10-35.	Treatment completed disease arrested.
5,522	22-6-32.	13-1-35.	Advanced disease.
6,575	20-1-32.	Continuing.	—
6,091	3-1-33.	16-10-35.	Treatment completed—disease quiescent.
6,379	15-3-33.	27-9-35.	Advance of disease in opposite lung.
6,379	Oct., 1935.	Nov., 1935.	Right A.P. unsuccessful.
6,314	16-5-33.	18-9-35.	Advanced disease.
6,376	2-5-33.	8-10-35.	Treatment completed—disease arrested.
6,678	30-11-33.	Continuing.	—
6,506	11-4-34.	3-6-35.	Expansion of lung.
6,631	15-5-34.	31-3-35.	Developed fluid.
6,694	13-3-34.	Continuing.	—
6,524	17-4-34.	Continuing.	—
6,885	17-6-34.	Continuing.	—
6,894	3-7-34.	Continuing.	—
6,801	22-12-34.	Continuing.	—
6,930	24-7-34.	Continuing.	—
7,157	18-1-35. }	Continuing.	—
	4-12-35. }	4-12-35.	Right A.P. unsuccessful.
7,156	27-11-35.	Continuing.	—
7,211	9-7-35.	Continuing.	—
7,343	24-7-35.	Continuing.	—
7,014	15-8-35.	Continuing.	—

The number of cases in which artificial pneumothorax is induced varies little from year to year ; there has been no marked expansion of this form of treatment in this area.

I quote the figures of expenditure for the treatment of Tuberculosis, excluding Normanston Hospital during the last ten financial years :—

	1926/7	1927/8	1928/9	1929/30	1930/31	1931/32	1932/33	1933/34	1934/35	1935/36
	£	£	£	£	£	£	£	£	£	£
Pulmonary	3968	2925	3324	2711	2532	3019	3488	3645	3678	3251
Non-Pulmonary	2267	1641	2057	2690	2676	2480	2554	2060	1709	1820
Totals	£6235	£4566	£5381	£5401	£5208	£5499	£6042	£5705	£5387	£5071

The expenditure upon Tuberculosis this year is the lowest since 1927/28 ; the reduction is due to less money being spent upon Pulmonary Tuberculosis.

The following Institutions are used by the County Council for treating patients suffering from Tuberculosis :—

Pulmonary Tuberculosis :—

Normanston Hospital, Oulton Broad (belonging to the East Suffolk County Council).
 Ipswich Sanatorium, Foxhall, Ipswich.
 Ipswich Isolation Hospital, Ipswich.
 Maltings Farm Sanatorium, Nayland, Suffolk.
 East Anglian Sanatorium, Nayland, Suffolk.
 Brompton Hospital, London, S.W.3.
 British Legion Village, Aylesford, Kent.

Non-Pulmonary Tuberculosis :—

East Suffolk and Ipswich Hospital, Ipswich.
 Lowestoft and North Suffolk Hospital, Lowestoft.
 Beccles and District War Memorial Hospital, Beccles.
 East Anglian Sanatorium, Nayland, Suffolk.
 Norfolk and Norwich Hospital, Norwich.
 Lord Mayor Treloar Cripples' Hospital, Alton, Hants.
 Royal National Orthopaedic Hospital, London.
 St. Michael's Orthopaedic Hospital, Clacton.
 Normanston Hospital, Oulton Broad (occasional cases).
 Royal Sea Bathing Hospital, Margate.
 Other approved Institutions are used when the occasion requires.

Public Health (Prevention of Tuberculosis) Regulations, 1925.

No action was taken in the County under the above Regulations during 1935.

Public Health Act, 1925, Section 62.

No action was taken the in County under Section 62 of the above Act during 1935.

Tuberculosis Statistics.

In the following Tables Pulmonary Tuberculosis indicates Tuberculosis of the Lungs and Lymphatic Glands of the Thorax, and is classified as follows :—

T.B. Minus when the sputum is negative to tubercle bacilli.

T.B. Plus when the sputum contains the tubercle bacillus. (Cases in this category are divided into Groups 1, 2 or 3, according to the stage of the disease).

Non-Pulmonary Tuberculosis indicates Tuberculosis of

- (1) Bones and Joints.
- (2) Abdomen.
- (3) Other Organs.
- (4) Peripheral Glands.

TABLE XXXI.

Cases Notified as suffering from Tuberculosis.

Primary Notifications.

Year.	Pulmonary.		Non-Pulmonary.		Total.
	Males.	Females.	Males.	Females.	
1919	66	90	19	15	190
1920	76	97	27	38	238
1921	99	105	51	38	293
1922	84	92	55	27	258
1923	116	105	60	55	336
1924	115	94	42	42	293
1925	121	123	72	55	371
1926	76	85	68	40	269
1927	65	79	28	41	213
1928	97	88	52	33	270
1929	92	68	55	48	263
1930	69	89	49	39	246
1931	84	89	38	45	256
1932	74	73	42	48	237
1933	88	74	38	31	231
1934	67	80	42	32	221
1935	65	60	51	45	221

The number of cases notified remains very much the same, the decline not corresponding with that of the death rate ; for example, in 1927, 213 cases were notified while this year the figure is 221. The number of notifications is not such a sure guide to the incidence of tuberculosis as the number of deaths, for many of these notifications which are not accepted as definite cases are heard of no more either as patients or in the death returns.

TABLE XXXII.

Death Rates—Tuberculosis (all forms).

Year.	Urban (including Lowestoft).	Lowestoft.	Urban (excluding Lowestoft).	Rural.	Adminis- trative County (excluding Lowestoft).	Adminis- trative County (including Lowestoft).
1928	.91	1.17	.63	.60	.61	.73
1929	.86	1.00	.73	.71	.77	.82
1930	.90	1.04	.75	.66	.68	.76
1931	.67	.63	.70	.63	.65	.65
1932	.81	.90	.70	.49	.55	.62
1933	.71	.80	.63	.56	.58	.62
1934	.67	.82	.52	.62	.59	.64
1935	.59	.78	.42	.56	.52	.58

Lowestoft still has a much higher death rate from tuberculosis than the rest of the County and this has the effect of increasing the County rate very distinctly. There is, however, a continuous fall in the Lowestoft figures as in those of the County.

TABLE XXXIII.

Notified Cases Dying of Tuberculosis.

Year.	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
Pulmonary	—	—	—	—	100	139	161	108	109	117	111	125	92	102	101	100	89
Non-Pulmonary	—	—	—	—	12	22	23	18	15	5	29	19	20	15	16	15	17
Totals	—	—	—	—	112	161	184	126	124	122	140	144	112	117	117	115	106

TABLE XXXIV.

Analysis of Deaths (Notified and Unnotified), giving percentage of Unnotified Deaths.

Year.	1925.	1926.	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935
Deaths according to the figures of the Registrar General	214	144	153	154	172	160	132	131	131	134	120
Notified Deaths	184	126	124	122	140	144	112	117	117	115	106
Unnotified Deaths	30	18	29	32	32	16	20	14	14	19	14
Percentage of un-notified Deaths	14%	13%	19%	21%	19%	10%	15%	11%	11%	14%	12%

The percentage of deaths unnotified remains between 10-15%. The Medical Practitioner is communicated with in all cases and it is a common experience to find that the case was an old one; the Doctor certifying the death being in recent attendance only, has believed the case to have been notified before; or that the diagnosis was obscure until the end.

TABLE XXXV.

Deaths of Notified Cases of Tuberculosis during 1935.

Period between Notification and Death.	Pulmonary.		Non-Pulmonary.		Total
	Males.	Females	Males.	Females	
Notified after Death	1	—	3	1	5
Within 1 week after notification	2	3	1	1	7
Died from 1 week to 1 month	3	3	2	2	10
„ „ 1 month to 3 months	6	6	2	1	15
„ „ 3 months to 6 months	5	2	—	—	7
„ „ 6 months to 1 year	1	5	—	—	6
„ „ 1 year to 2 years	10	9	—	—	19
„ „ 2 years to 5 years	12	9	—	1	22
„ „ 5 years to 10 years	1	5	2	—	8
„ „ over 10 years	4	2	—	1	7
Totals	45	44	10	7	106

It is the usual experience to find that about one-third of the cases notified died within three months of notification.

This year is no exception ; 37 cases died within three months of notification, 37 died two years or more after notification and 32 from three months to two years, so that roughly one-third of the deaths occurred in each of the three periods.

TABLE XXXVI.

New Cases and Mortality during 1935.

Age Periods.	Primary Notifications and other New Cases.				Deaths from Tuberculosis.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
0	—	—	3	2	—	—	2	1
1	1	1	13	7	1	—	4	5
5	2	1	13	7	—	—	1	—
10	—	2	12	6	—	1	1	1
15	6	9	6	7	2	4	2	—
20	7	9	6	4	7	8	—	—
25	22	29	3	9	8	14	—	—
35	16	7	8	3	8	6	3	—
45	7	8	4	—	10	6	4	—
55	15	3	2	1	9	2	1	—
65	3	3	1	3	3	5	—	1
Totals	79	72	71	49	48	46	18	8

Again this year there is little difference between the number of deaths of males and females from Pulmonary Tuberculosis, although a higher male mortality is to be expected. In the Non-Pulmonary cases the male deaths predominate very strikingly. In regard to age groups what is the general experience has happened ; the predominance of female deaths from Pulmonary Tuberculosis occurs in the ages before 35 and the males after this age.

TABLE XXXVII.

Cases removed from Register during 1935.

Reason for Removal.	Cases examined by Tuberculosis Officer.		Cases not examined by Tuberculosis Officer.		Total.
	Pulmon- ary.	Non-Pul- monary.	Pulmon- ary.	Non-Pul- monary.	
Deaths from Tuberculo- sis	76	13	18	13	120
Deaths from Other Causes	4	1	1	—	6
Transferable Deaths	—	—	2	—	2
Disease Cured	22	48	—	—	70
Not Tuberculous	67	24	1	3	95
New Contacts not Tub.	94	5	—	—	99
Old Contacts not Tub.	7	—	—	—	7
Refused Examination	10	15	2	4	31
Removed from Area	19	11	4	1	35
Doctors' Private Pat- ients	2	—	3	—	5
Asylum Inmates	—	—	1	1	2
Totals	301	117	32	22	472

TABLE XXXVIII.

Source of Infection.

	Old Cases.	New Cases.	Total.
Probably due to house infection	65	17	88
Known family history of Tuberculosis	158	44	202

The proportion of cases of house infection amongst the new notifications is just under 30%. This figure was very similar last year, and is more or less constant.

TABLE XXXIX.

Examinations by Tuberculosis Officers.

Examinations during year.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.
At Tuberculosis Dispensaries	353	386	403	422	400	314	225	260
At Homes of Patients	1101	1160	1230	1200	1173	989	983	1084
Consultations with Doctors at Homes of Patients	40	30	40	28	16	25	12	22
Other Consultations	125	135	115	111	107	85	93	87
New Contacts examined at School	—	—	46	45	89	54	62	58
Totals	1619	1711	1834	1806	1785	1467	1375	1511

TABLE XL.

Figures Furnished by the Registrar-General.

Districts.	Number of Cases Dying of Tuberculosis (all forms).																
	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934		1935
Urban	114	78	80	101	92	88	97	68	80	82	78	81	57	72	63	62	55
Rural	119	110	109	123	102	119	117	76	73	72	94	79	75	59	68	72	55
Administrative County	233	188	189	224	194	207	214	144	153	154	172	160	132	131	131	134	120

Owing to what I consider to be the inaccuracy of the Registrar-General's rate for persons dying from tuberculosis from certain causes I again analyse the certified cases of tuberculosis into four groups; namely :—

- (1) Those persons who actually died from Tuberculosis and who developed the disease in the County 108
- (2) Those persons who died from Tuberculosis and entered the County suffering from that condition 7
- (3) Those persons not suffering from Tuberculosis and who died from other causes 4
- (4) Those persons who suffered from Tuberculosis, but who did not die from that condition 1

The following is a correction of the rates for the County when the aforementioned deaths have been excluded :—

	<i>Tuberculosis.</i> <i>All Forms.</i>
Official County Rate ....	.58
Rate with immigrants excluded ....	.54
Rate with immigrants and deaths from other causes excluded ....	.51
Travelling Gypsy	1
Hampshire	1
London	1
Middlesex	1
Norfolk	1
Surrey	1
Ireland	1
	7

In addition 3 cases very doubtful.

There were fewer deaths from immigrants fruitlessly seeking health in the County, 7 only compared with 13 last year, due almost entirely to the reduction of patients from London. As a rule the types of cases that arrive from towns are in the advanced stage of the disease with no hope of recovery and their life in the County is usually short. Had the 13 foreigners, instead of 7, died in the County this year as did last the death rate would have been increased from .58 to .60. If we subtract the 7 deaths of immigrants from the total the rate becomes .54.

There are always some cases which Practitioners certify as dying from Tuberculosis who in our view were not suffering from this condition; a small number perhaps, but sufficient to increase the rate to some extent.

When the strangers and intruders are removed the rate is reduced from .58 to .51, a very considerable difference and a truer reflection of the incidence of Tuberculosis in the County than the rate which is presented by the Registrar-General.

TABLE XLI.

Working Capacity of Cases on Register on 31st December, 1935.

Capacity for Work.	Pulmonary.		Non-Pulmonary.		Total.
	Males.	Females.	Males.	Females.	
Full-time	49	46	83	78	256
Part-time	39	35	10	15	99
Getting about	60	51	11	15	137
Confined to bed	29	33	14	13	89
Totals	177	165	118	121	581

95 pulmonary cases are working full-time out of a total of 342.

161 non-pulmonary cases are working full-time out of a total of 239. This indicates the much higher proportion of invalidism caused by pulmonary tuberculosis than by non-pulmonary.

Many of the non-pulmonary are children who have had glands of the neck and whose names cannot be removed as cured, but are perfectly well in themselves.

TABLE XLII.

Specimens of Sputum examined for Dispensary Cases, 1935.

Tubercle Bacilli found.	No Tubercle Bacilli found.	Total Examinations.
168	334	502

Approximately the same number of sputums were examined as last year, but the proportion of positive sputums has decreased.

TABLE XLIII.

Number of Patients for whom Specimens of Sputum were examined, 1935.

Result of Examination.				Old Cases.	New Cases.	Total.
Tubercle Bacilli found	....	....	....	110	58	168
No Tubercle Bacilli found	....	....	....	75	44	119
Totals	....	....	....	185	102	287

TABLE XLIV.

Return showing the work of the Dispensary during the year 1935.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				GRAND TOTAL.	
	Adults.		Children.		Adults.		Children.		Adults.		Children.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A.—NEW CASES examined during the year (excluding contacts):—														
(a) Definitely tuberculous ..	53	45	—	1	15	18	21	17	68	63	21	18	170	} 271
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	11	9	5	6	31	
(c) Non-tuberculous	—	—	—	—	—	—	—	—	22	22	16	10	70	
B.—CONTACTS examined during the year:—														
(a) Definitely tuberculous ..	—	1	—	—	—	1	—	—	—	2	—	—	2	} 105
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	1	—	3	—	4	
(c) Non-tuberculous	—	—	—	—	—	—	—	—	18	11	42	28	99	
C.—CASES written off the Dispensary Register as:—														
(a) Recovered	12	9	1	—	12	19	10	7	24	28	11	7	70	} 190
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)	—	—	—	—	—	—	—	—	50	37	61	42	190	
D.—NUMBER OF CASES on Dispensary Register on December 31st:—														
(a) Definitely tuberculous ..	175	161	2	4	50	64	68	57	225	225	70	61	581	} 39
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	13	10	9	7	39	

1. Number of cases on Dispensary Register on January 1st, 1934	618	7. Number of consultations with medical practitioners :—	
		(a) Personal	26
		(b) Other	83
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	36	8. Number of visits by Tuberculosis Officers to homes (including personal consultations)	1106
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"	57	9. Number of visits by Nurses or Health Visitors to homes for Dispensary Purposes	2434
4. Cases written off during the year as Dead (all causes)	93	10. Number of :—	
		(a) Specimens of sputum, etc., examined	502
		(b) X-Ray examinations made	44
		in connexion with Dispensary work.	
5. Number of attendances at the Dispensary (including Contacts)	260	11. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above	3
New Contacts examined by T.Os at School	58		
6. Number of Insured Persons under Domiciliary Treatment on the 31st December	239	12. Number of "T.B. plus" cases on Dispensary Register on December 31st	254

TABLE XLV.
Cases treated as In-patients in Residential Institutions. PULMONARY TUBERCULOSIS. 1935.

Name of Residential Institution.	Under Treatment on the 1st January, 1935.				Admitted.				Discharged.				Died.			Remaining under treatment on 31st December, 1935.				
	M.	F.	Ch.	Total.	M.	F.	Ch.	Total.	M.	F.	Ch.	Total.	M.	F.	Ch.	Total.				
Normanston Hospital	21	—	—	21	40	4	—	44	37	—	—	37	11	—	—	11	13	4	—	17
Ipswich Sanatorium	2	21	1	24	7	26	1	34	2	34	2	38	—	2	—	2	7	11	—	18
Ipswich Isolation Hospital	—	1	—	1	3	6	—	9	—	3	—	3	—	4	—	4	3	—	—	3
Brompton Hospital and Frimley San.	1	1	—	2	5	—	—	5	4	1	—	5	—	—	—	—	2	—	—	2
Maltings Farm Sanatorium	—	3	—	3	—	5	—	5	—	4	—	4	—	2	—	2	—	2	—	2
Royal National Sanatorium	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1
Norfolk and Norwich Hospital	—	—	—	—	1	—	—	1	1	—	—	1	—	—	—	—	—	—	—	—
Totals	24	26	1	51	56	42	1	99	44	42	2	88	11	8	—	19	25	18	—	43

M.=Males. F.=Females. Ch.=Children.

Transfers.

Included in the above figures are the following patients who were transferred direct from one Institution to another :—

Normanston Hospital to Ipswich Isolation Hospital	2 Males.
Ipswich Sanatorium to Normanston Hospital	2 Females.
Ipswich Sanatorium to Ipswich Isolation Hospital	1 Female.

Cases treated as In-patients in Residential Institutions. NON-PULMONARY TUBERCULOSIS, 1935.

Name of Residential Institution.	Under Treatment on the 1st January, 1935.				Admitted.				Discharged.				Died.				Remaining under treatment on the 31st December, 1935.			
	M.	F.	Ch.	Total.	M.	F.	Ch.	Total.	M.	F.	Ch.	Total.	M.	F.	Ch.	Total.	M.	F.	Ch.	Total.
East Suffolk and Ipswich Hospital ..	—	—	1	1	7	4	7	18	6	4	7	17	—	—	—	—	1	—	1	2
Lowestoft and North Suffolk Hospital	1	1	—	2	5	2	7	14	5	3	6	14	1	—	1	2	—	—	—	—
Beccles Hospital	—	—	—	—	—	—	1	1	—	—	1	1	—	—	—	—	—	—	—	—
Lord Mayor Treloar Cripples' Hospital	—	—	4	4	—	—	4	4	—	—	3	3	1	—	1	1	—	—	4	4
Royal National Orthopaedic Hospital	—	—	—	—	1	—	2	3	1	—	—	1	—	—	—	—	—	—	2	2
East Anglian Sanatorium ..	—	—	1	1	—	—	1	1	—	—	1	1	—	—	—	—	—	—	1	1
St. Michael's Orthopaedic Hospital	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—	2	—	2
Normanston Hospital ..	2	—	—	2	2	—	—	2	3	—	—	3	1	—	—	1	—	—	—	—
Ipswich Isolation Hospital ..	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—
Royal Sea Bathing Hospital ..	2	—	—	2	2	—	—	2	—	—	—	—	—	—	—	—	4	—	—	4
Norfolk and Norwich Hospital ..	—	—	—	—	5	—	1	6	5	—	1	6	—	—	—	—	—	—	—	—
Totals	5	1	7	13	22	8	23	53	20	7	19	46	2	—	3	5	5	2	8	15

M.=Males. F.=Females. Ch.=Children.

Transfers.

Included in the above figures are the following patients who were transferred direct from one Institution to another :—
East Suffolk and Ipswich Hospital to Lord Mayor Treloar Cripples' Hospital 1 Child.
Lowestoft and North Suffolk Hospital to Lord Mayor Treloar Cripples' Hospital 1 Child.
East Suffolk and Ipswich Hospital to Royal Sea Bathing Hospital 2 Males.
East Suffolk and Ipswich Hospital to Normanston Hospital 1 Male.
East Suffolk and Ipswich Hospital to St. Michael's Orthopaedic Hospital 1 Female.
Normanston Hospital to Norfolk and Norwich Hospital 2 Males.
Norfolk and Norwich Hospital to Normanston Hospital 1 Male.

TABLE XLVII.

Return showing the immediate results of Treatment of definitely Tuberculous Patients discharged during the year from Institutions approved for the treatment of Tuberculosis.

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution.															Cd. Tl.		
		Under 3 months.			3—6 months.			6—12 months.			More than 12 months.			Totals.					
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.			
PULMONARY TUBERCULOSIS.	Class T.B. minus.	Quiescent ..	1	1	—	2	2	—	3	4	1	—	—	—	6	7	1	14	
		Not quiescent ..	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1	
		Died in Institution	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1	
	Class T.B. plus. Group 1.	Quiescent ..	1	—	—	2	—	—	1	1	—	—	1	—	4	2	—	6	
		Not quiescent ..	2	—	—	4	—	—	4	1	—	—	—	—	10	1	—	11	
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Class T.B. plus. Group 2.	Quiescent ..	—	—	—	1	1	—	—	1	—	—	—	—	1	2	—	3	
		Not quiescent ..	2	—	—	4	7	—	6	7	1	3	1	—	15	15	1	31	
		Died in Institution	2	—	—	—	1	—	—	—	—	—	—	—	2	1	—	3	
	Class T.B. plus. Group 3.	Quiescent ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Not quiescent ..	—	2	—	1	4	—	1	2	—	—	2	—	2	10	—	12	
		Died in Institution	3	2	—	3	1	—	—	1	—	3	1	—	9	5	—	14	
	Totals (pulmonary)		11	6	—	17	16	—	15	18	2	6	5	—	49	45	2	96	
	NON-PULMONARY TUBERCULOSIS.	Bones and joints.	Quiescent ..	—	—	—	—	—	—	—	1	—	—	—	3	—	1	3	4
			Not quiescent ..	—	—	1	—	1	—	2	1	—	1	—	—	3	2	1	6
Died in Institution			—	—	—	—	—	1	—	—	—	—	—	1	—	—	2	2	
Abdominal.		Quiescent ..	—	—	—	—	—	1	—	—	—	—	—	1	—	—	2	2	
		Not quiescent ..	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1	
		Died in Institution	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	
Other Organs.		Quiescent ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Not quiescent ..	1	—	—	1	—	—	—	—	—	—	—	—	2	—	—	2	
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Peripheral Glands.		Quiescent ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Not quiescent ..	—	—	1	—	—	1	—	—	—	—	—	—	—	—	2	2	
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Totals (non-pulmonary)		2	—	3	1	1	3	2	2	—	1	—	5	6	3	11	20		

TABLE XLVIII.

Result of Observation of Doubtfully Tuberculous cases Discharged from Residential Institutions during the Year, 1935.

Diagnosis on Discharge from Observation.			For Pulmonary Tuberculosis.						For Non-Pulmonary Tuberculosis.						Totals.		
			Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
			M	F	Ch	M	F	Ch	M	F	Ch	M	F	Ch	M	F	Ch
Tuberculous	....	....	1	—	—	—	—	—	—	2	—	—	1	1	—	3
Non-Tuberculous	....	....	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Doubtful	....	....	—	—	—	—	—	—	—	—	1	—	—	1	—	—
Totals			1	—	—	—	—	—	—	3	1	—	1	2	—	4	

TABLE XLIX.

Number of Patients receiving Residential Treatment.

Year.	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
Pulmonary	196	185	185	200	183	165	149	157	144	136	146	153	143	145	145
Non-Pulmonary	73	51	77	63	67	85	63	81	69	81	63	75	67	72	57
Totals	269	236	262	263	250	250	212	238	213	217	209	228	210	217	202

TABLE L.

Number of Cases Refusing Residential Treatment during 1935.

	Old Cases.	New Cases.	Total.
Pulmonary Tuberculosis	9	15	24
Non-Pulmonary Tuberculosis	—	2	2
Total Number of Cases	9	17	26

Diseases of Animals Acts (1894-1925).

Tuberculosis Order, 1925.

The following figures relate to the number of cows slaughtered under the above Order during the last nine years :—

	1935	1934	1933	1932	1931	1930	1929	1928	1927
Number of cows slaughtered	228	77	52	49	52	54	68	71	68
Analysis :—									
Tuberculosis of the udder	46	5	16	6	8	3	10	8	8
Tuberculous emaciation	40	29	12	19	23	19	22	28	33
Other Tuberculous conditions	141	43	23	24	21	32	34	34	27
Not affected with Tubercle	1	—	1	—	—	—	2	1	—

Two Veterinary Surgeons were appointed towards the end of 1934. One works in East Suffolk only and the other covers West Suffolk and part of East Suffolk as well. Almost all the work of these officials is undertaken under the Milk and Dairies Act of 1915, an Act which is administered by the Public Health Committee and 55% of the expenditure incurred by them is paid from the Public Health funds. The Officers, however, are not under the control of the Public Health Committee in any way and they act upon the instructions of the Joint Diseases of Animals Committee for East and West Suffolk, and report to that Committee alone.

I have advised in many reports that constant routine veterinary inspections would be very valuable for detecting infected animals and the work of the Officers show this to be true; the year's work has increased by four times the numbers of cows slaughtered under the Tuberculosis Order, for an animal discovered under the Milk and Dairies Act is slaughtered under the Order for convenience. The cow most dangerous to the public is one suffering from Tuberculosis of the udder; she may be responsible for milk heavily infected with tubercle bacilli. The average number of cows slaughtered with udder affection during the past eight years was eight yearly, five times this number were slaughtered in 1935.

The Veterinary Staff is not sufficient to make a proper number of inspections each year, which is four for Grade A. herds and Mr. Gildea, the Senior Veterinary Surgeon suggests two for the others, though I feel that four examinations should be general. Mr. Gildea in a report to his Committee in December, 1935, stated he thought 20,000 inspections of cows were as many as an Inspector could possibly make in one year and that 77,670 were required. I give below details of farms, cows and Grade A. Licences which were supplied by him in his report:—

EAST SUFFOLK.

Rural District.	Total Cows.	Total Farms.	Grade A. Cows.	Grade A. Farms.
Hartismere	3,223	454	945	34
Gipping	2,333	263	688	28
Deben	3,501	210	1,126	40
Samford	1,551	100	477	18
Blyth	4,153	439	787	32
Lothingland	2,911	159	1,635	58
Wainford	2,379	178	343	13
Boroughs, etc.	1,491	133	703	28
TOTALS	21,542	1,936	6,704	251

It is natural that the larger herds are those for which a licence has been granted: 13% only were licensed at the end of the year and 31% of cows composed these herds. It is interesting to see the difference in reaction to the Accredited Milk Scheme in the various rural districts:—

Blyth, with the largest cow population, comes fourth in the number of cows in Grade A. herds.

Lothingland has the greatest percentage of its cows in Grade A. herds, well over 50%; the other rural districts are well behind this.

Wainford uses the Scheme the least, 14% only of the cows in the whole of that rural district are producing Grade A. milk and 7% only of the farms are Accredited—a poor record indeed—it is time Wainford adopted modern methods of milk production.

XI.

Venereal Diseases.

Lowestoft has now become established as an official clinic for Great Yarmouth; previously all Yarmouth cases were sent to Norwich, but as this town is not so accessible as Lowestoft the change was made.

The work at the Lowestoft Clinic continues to grow apace, new cases attending during 1935 were 128 compared with 87 in 1934. The cases from Great Yarmouth have nearly doubled while those for the County have increased by more than a third. Attendances have risen in a similar manner and now exceed 4,000 a year, 1,400 more than before. The large use which is being made of this Clinic does not denote an increase in incidence of venereal disease; the clinic is still in its early days and it is probable that this activity is due to increasing confidence in the establishment, and the wider knowledge amongst the public of its existence. The work accomplished shows how necessary the clinic was and what a useful purpose it is serving.

TABLE LI.

Lowestoft V.D. Clinic.

Area from which patients came.	No. of New Cases.		Total No. of attendances.		Aggregate No. of In-patient days.		No. of doses of Salvarsan Substitute.	
	1934.	1935.	1934.	1935.	1934.	1935.	1934.	1935.
East Suffolk	65	90	2370	3346	212	34	355	438
Gt. Yarmouth	16	29	330	720	—	7	22	177
Norfolk	6	9	150	180	—	—	—	6
TOTAL	87	128	2850	4246	212	41	377	621

The following Table classifies the diseases and shows the incidence of each; it refers to East Suffolk patients only, but covers all three Centres.

It is time that Norwich Centre was deleted from this list of special clinics, two new cases only and 70 attendances are not worth while including under a separate heading; next year if similar figures are repeated Norwich must be included with "Other Treatment Centres." The Lowestoft Centre has caused the Norwich clinic to be almost deserted by East Suffolk patients, though it is still the most convenient for a very small part of the County.

TABLE LII.

1935.

Venereal Diseases.

Centres.	No. of East Suffolk Persons seen for the first time and found to be suffering from:—			Conditions other than Venereal.	Total.	Total No. of Attendances at the Out-patient Clinics of East Suffolk Patients.	Aggregate No. of In-patient days of East Suffolk Patients.	Number of Doses of Salvarsan Substitutes given to Patients.
	Syphilis.	Soft Chancre.	Gonorrhoea.					
Lowestoft	31	—	55	4	90	3346	34	438
Ipswich	11	—	36	20	67	1147	162	54
Norwich	2	—	—	—	2	70	—	28
Other Treatment Centres	—	—	6	1	7	160	—	—
TOTALS	44	—	97	25	166	4723	196	520

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The number of new cases of syphilis has increased from 36 to 44 ; this increase is confined to the Lowestoft Clinic. The number of new cases of gonorrhoea has risen from 43 to 97, more than double ; this is not entirely due to Lowestoft though nearly three times as many cases have been seen at that clinic as in 1934, for Ipswich cases have jumped from 20 to 36. The total number of new cases of venereal diseases seen this year was 141 compared with 82 last year.

The following figures relate to the number of new cases seen for the first time at the Clinics each year :—

Year.	Syphilis.	Soft Chancre.	Gonorrhoea.	Total.
1927	29	4	34	67
1928	29	—	40	69
1929	39	1	44	84
1930	25	2	46	73
1931	22	2	40	64
1932	25	—	42	67
1933	36	1	44	81
1934	36	3	43	82
1935	44	—	97	141

XII.

TABLE LIII.

CANCER DEATH RATE.

Year.	No. of Deaths.			Death Rate per 1,000 Population.			
	Males.	Females.	Total.	Urban.	Rural.	Adminis- trative County.	England and Wales.
1918	95	138	233	1.38	1.27	1.32	1.19
1919	103	152	255	1.45	1.23	1.32	1.18
1920	116	135	251	1.14	1.34	1.25	1.16
1921	112	138	250	1.14	1.27	1.22	1.21
1922	122	150	272	1.05	1.50	1.31	1.22
1923	110	168	278	1.29	1.37	1.33	1.26
1924	109	159	268	1.28	1.27	1.27	1.29
1925	130	150	280	1.45	1.26	1.34	1.33
1926	152	168	320	1.43	1.61	1.54	1.36
1927	146	164	310	1.48	1.48	1.48	1.37
1928	133	167	300	1.54	1.35	1.43	1.42
1929	154	172	326	1.42	1.65	1.55	1.43
1930	157	182	339	1.56	1.66	1.61	1.45
1931	198	189	387	1.92	1.88	1.90	1.48
1932	151	180	331	1.60	1.57	1.58	1.51
1933	153	199	352	1.67	1.69	1.68	1.52
1934	136	185	321	1.47	1.59	1.54	1.56
1935	198	216	414	1.79	2.14	1.98	—

The number of persons dying from Cancer in the County exceeds 400 for the first time and this year is 27 more than the very high figure for 1931 ; both male and female deaths are involved in the increase—the number of males dying is the highest recorded since 1931, and the number of female deaths beats all previous records. The urban death rate has only once been exceeded and the rural, never ; the combined rate is a little above the previous highest record of 1931.

As I wrote last year, an increase in mortality is not always an indication of an increase in the prevalence of the condition, the age of the community has a very distinct bearing upon the situation. It is only possible in census years to be sure of the actual position ; in the comparison between 1921 and 1931 I found there was a real increase in the cancer death rate amongst elderly people, and that persons between the ages of 65-74 years in 1931 ran a slightly greater risk of dying from cancer than persons in the same age group living in 1921. It is necessary to wait for 1941 when the next census is made to ascertain whether the incidence of cancer is really increasing or whether the large number of cases is due to an increasingly elderly population.

If the death rate factor be applied to the cancer death rate (which is not permissible) the result is a reduction from 1.98 to 1.64 and although this is not so low as the rate that has been common in the past for England and Wales the difference is nothing like so extreme.

XIII.

THE ECONOMIC EFFECT UPON THE COMMUNITY OF THE
FIVE PRINCIPAL CAUSES OF DEATH.

I include again Table LIV. which I think corrects to some extent the significance which may be given purely to numbers. 671 people died from heart disease and only 120 from tuberculosis, but 78 tubercle deaths occurred before the age of 45 years, and only 23 deaths from heart disease were recorded before this age. As 334 persons died from heart disease over the age of 75 years those wishing for a long life would be likely to select this particular disorder to terminate their existence if it were possible to do so.

TABLE LIV.

Age Groups.	Figure of Value.	Tuberculosis.		Cancer.		Heart Disease.		Bronchitis.		Influenza.	
		No. of Deaths.	Dam-age.	No. of Deaths.	Dam-age.	No. of Deaths.	Dam-age.	No. of Deaths.	Dam-age.	No. of Deaths.	Dam-age.
0-1	5	3	15	—	—	—	—	4	20	1	5
1-2	6	5	30	1	6	—	—	2	12	—	—
2-5	8	5	40	—	—	1	8	1	8	—	—
5-15	11	4	44	—	—	1	11	1	11	1	11
15-25	18	24	432	3	54	5	90	1	18	—	—
25-45	25	37	925	11	275	16	400	—	—	4	100
45-65	15	33	495	145	2175	122	1830	10	150	6	90
65-75	3	9	27	146	438	192	576	16	48	9	27
75-100	0	—	—	108	—	334	—	53	—	10	—
TOTALS	....	120	2008	414	2948	671	2915	88	267	31	233

The following are the total numbers of deaths from the five diseases :—

1. Heart Disease	....	....	....	....	671
2. Cancer	....	....	....	....	414
3. Tuberculosis	....	....	....	....	120
4. Bronchitis	....	....	....	....	88
5. Influenza	....	....	....	....	31

while the figures below indicate the comparative damage to the community in respect of the five causes of death :—

1. Cancer	....	....	....	....	2,948
2. Heart Disease	....	....	....	....	2,915
3. Tuberculosis	....	....	....	....	2,008
4. Bronchitis	....	....	....	....	267
5. Influenza	....	....	....	....	233

XIV.

Mental Deficiency Acts, 1913 to 1937.

The East and West Suffolk Joint Committee for the Care of the Mentally Defective is responsible for the administration of these Acts in East Suffolk and for the maintenance of such persons in Institutions when it is found to be required and can be provided. I am indebted to the Clerk of the Committee for the figures that I include.

The County Medical Officer and his Deputy, and one of the Assistant County Medical Officers are certifying Officers under the Act, but apart from this the Public Health Service has no connection with Mental Deficiency.

Mental Defectives in East Suffolk.

As on 1st January, 1936.

Alleged Defectives ascertained :—	1935.	1934.	1933.	1932.	1931.	1930.	1925.
Males	554	529	495	440	384	323	228
Females	672	640	604	565	545	439	281
TOTALS	1226	1169	1099	1005	929	762	509

Dealt with at the instance of Parents or by the Suffolk Mental Welfare Association :—

	Males	Females	Total
Training Homes	1	15	16
Royal Eastern Counties Institution, Colchester	15	14	29
Under voluntary supervision	305	290	595

Dealt with by the Joint Committee :—

<i>In Institutions.</i>					<i>Males</i>	<i>Females</i>	<i>Total</i>
Feeble-minded	....	....	....		38	76	114
Imbeciles	....	....	....		33	31	64
Idiots	....	....	....		11	9	20
Moral Imbeciles	...	...	....		1	1	2
TOTALS	....	...	....		83	117	200
<i>On leave of absence from Institutions.</i>					<i>Males</i>	<i>Females</i>	<i>Total</i>
Feeble-minded	....	....	....		4	13	17
Imbeciles	....	....	....		—	6	6
Idiots	....	....	....		1	—	1
TOTALS	....	....	....		5	19	24
<i>Under Guardianship.</i>					<i>Males</i>	<i>Females</i>	<i>Total</i>
Feeble-minded	....	...	....		—	5	5
Imbeciles	....	....	....		4	11	15
Idiots	....	....	....		1	—	1
TOTALS	....	....	....		5	16	21
<i>Under Statutory Supervision.</i>							
Males	....	....	....	....	73		
Females	....	....	....	....	84		
TOTAL	....	....	....	....	157		
<i>During the year there have—</i>					<i>Males</i>	<i>Females</i>	<i>Total</i>
Been discharged from Orders	....				—	—	—
Been discharged to Asylums	....				—	—	—
Died	....	....	....	....	2	5	7

XV.

BLIND PERSONS ACT, 1920.

The Blind Persons Act is administered by the East Suffolk County Association for the Blind and the County have representation upon the Committee.

The figures which I give are provided for me by the Secretary of the Association.

1935.

BLIND PERSONS ACT, 1920.

TABLE LV.

Age Periods.

Sex.	0-5	5-16	16-21	21-30	30-40	40-50	50-60	60-70	Over 70	Not known.	Total
M.		8	5	3	15	19	35	40	70	2	197
F.	1	7	5	9	7	24	35	54	71	2	215
Totals	1	15	10	12	22	43	70	94	141	4	412

Age at which Blindness occurred.

Sex.	0-1	1-5	5-10	10-20	20-30	30-40	40-50	50-60	60-70	Over 70	Unknown & Gradual.
M.	42	6	8	7	8	20	22	21	30	16	16
F.	48	7	5	14	12	15	24	29	25	16	21
Totals	90	13	13	21	20	35	46	50	55	32	37

Employment—Age Periods 16 and upwards.

Sex.	Employed.	Trained but unem- ployed.	Under training.	No training but trainable.	Unem- ployable.	Total.
M.	44	4	2	1	138	189
F.	19	—	1	3	184	207
Totals	63	4	3	4	322	396

Occupations of Employed.

<i>Males.</i>			<i>Females.</i>		
Poultry Farmers	....	3	Knitters	....	9
Boot Repairers	....	2	Straw Bagmakers	....	2
Business	....	3	Musicians	....	2
Mat Makers	....	8	Domestic Servants	....	3
Labourers	....	8	Seamstresses	....	1
Tuners	....	3	Caner	....	1
Basket Makers	....	9	Mat Maker	....	1
Carpenters	....	1			
Organist	....	1			
Gardeners	....	4			
Caner	....	1			
Netting	....	1			
		44			19

Physically and Mentally Defective.

Sex.				Mentally Defective.	Physically Defective.	Deaf.	Total.
M.	....	....	....	16	8	16	40
F.	....	....	....	23	9	18	50
Totals				39	17	34	90

School Age Periods (5-16).

Sex.		Normal at School.	Normal not at School.	Mentally Defective.	Physically Defective.	Total.	Total Defectives.
M.	....	7	—	2	—	9	2
F.	....	4	—	2	—	6	2
Totals		11	—	4	—	15	4

STATISTICS PROVIDED BY THE REGISTRAR GENERAL.
TABLE LVI.

Causes of Death in each District during the Year 1935.

CAUSE OF DEATH.	URBAN DISTRICTS.											RURAL DISTRICTS								ADMINISTRATIVE COUNTY TOTAL.		
	Aldeburgh.	Becles.	Bungay.	Eye.	Felixstowe.	Halesworth.	Leiston.	Lowestoft	Saxmundham.	Southwold.	Stowmarket.	Woodbridge.	TOTAL.	Blyth.	Deben.	Gipping.	Hartismere.	Lothingland.	Samford.		Wainford.	TOTAL.
1. Typhoid and Paratyphoid Fevers ..	-	-	-	-	-	-	-	1	-	-	-	-	2	-	-	-	-	1	-	-	1	3
2. Measles ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3. Scarlet Fever ..	-	-	-	-	-	-	-	1	-	-	-	-	1	1	-	-	1	1	-	-	3	4
4. Whooping Cough ..	-	2	-	-	-	-	-	3	-	-	-	-	5	-	-	-	-	1	1	1	3	8
5. Diphtheria ..	-	-	-	-	-	1	-	3	-	-	-	-	6	-	-	-	-	-	-	1	1	7
6. Influenza ..	-	3	-	-	4	1	1	2	-	1	1	1	14	-	6	7	1	2	-	1	17	31
7. Encephalitis Lethargica ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	2	2
8. Cerebro-spinal Fever ..	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	1	-	1	2
9. Tuberculosis of the Respiratory System ..	-	2	2	1	1	1	5	27	-	1	2	2	44	8	12	8	9	8	3	2	50	94
10. Other Tuberculous Diseases ..	-	-	-	1	1	-	-	8	-	-	1	-	11	3	5	2	1	2	1	1	15	36
11. Syphilis ..	-	-	-	-	-	-	-	3	-	-	-	-	3	1	2	-	-	-	-	-	3	6
12. General Paralysis of the Insane, Tabes Dorsalis ..	-	-	-	-	-	-	-	2	-	-	-	-	2	-	1	-	1	-	-	-	2	4
13. Cancer, Malignant Disease ..	2	9	6	6	18	8	14	70	5	1	13	14	166	38	56	46	40	30	30	8	248	414
14. Diabetes ..	2	5	-	-	1	1	-	14	-	1	3	1	28	4	8	2	6	4	8	4	36	64
15. Cerebral Haemorrhage, etc. ..	2	3	3	2	13	2	-	33	3	3	6	3	73	15	18	20	21	7	11	9	101	174
16. Heart Disease ..	15	12	9	9	51	6	13	113	5	10	15	21	279	75	77	62	65	37	53	23	392	671
17. Aneurysm ..	1	-	-	-	1	-	-	3	-	-	-	-	5	-	-	-	-	-	-	-	-	5
18. Other Circulatory Diseases ..	1	12	4	3	7	2	1	21	2	6	1	2	62	12	8	11	8	14	8	8	69	131
19. Bronchitis ..	2	1	-	-	4	1	1	19	-	-	3	1	32	6	13	18	11	5	2	1	56	88
20. Pneumonia (all forms) ..	-	1	2	-	14	2	1	22	1	1	4	4	52	6	9	10	6	3	3	3	40	92
21. Other Respiratory Diseases ..	-	1	1	-	4	-	-	4	-	1	1	1	13	1	2	3	2	1	1	-	10	23
22. Peptic Ulcer ..	-	-	-	-	2	-	-	3	-	-	1	-	6	-	4	2	1	-	4	-	11	17
23. Diarrhoea, etc. (under 2 years) ..	-	-	-	-	-	-	-	1	-	-	-	-	1	-	1	-	-	-	1	-	2	3
24. Appendicitis ..	-	-	-	-	2	-	1	2	-	-	1	-	6	4	-	-	-	2	2	-	8	14
25. Cirrhosis of Liver ..	-	-	-	1	-	-	-	-	-	-	1	-	2	2	2	1	1	2	-	-	8	10
26. Other Diseases of Liver, etc. ..	-	-	-	-	-	-	1	2	-	1	-	-	4	1	1	1	1	1	1	-	6	10
27. Other Digestive Diseases ..	1	4	1	2	3	-	-	3	1	2	2	5	24	7	3	5	17	1	5	-	38	62
28. Acute and Chronic Nephritis ..	-	4	2	1	3	-	3	11	-	-	-	5	29	10	7	5	5	7	8	4	46	75
29. Puerperal Sepsis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	-	3	3
30. Other Puerperal Causes ..	-	-	-	-	-	-	-	1	-	-	-	-	1	1	1	-	-	-	1	-	3	4
31. Congenital Debility, Premature Birth, Malformation, etc. ..	2	1	-	-	6	1	5	11	-	-	1	2	29	5	6	7	6	4	6	3	37	66
32. Senility ..	-	9	2	6	4	-	-	32	1	2	3	2	61	5	9	7	14	10	11	5	61	122
33. Suicide ..	-	-	1	-	1	1	-	5	-	-	-	3	11	4	3	3	2	1	5	2	20	31
34. Other Violence ..	2	4	2	-	8	1	1	13	-	-	2	1	31	9	7	9	10	6	5	1	47	81
35. Other Defined Diseases ..	3	15	3	2	18	2	9	38	2	2	5	9	108	22	14	18	24	19	16	7	120	228
36. Causes ill-defined or unknown ..	-	1	-	-	-	-	-	-	2	-	-	-	3	2	-	1	-	-	-	-	3	6
ALL CAUSES ..	33	89	38	34	166	30	56	475	22	32	66	77	1118	242	276	249	254	170	138	84	1463	2581
SPECIAL CAUSES INCLUDED IN NO. 35 ABOVE, viz. :- Polioencephalitis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	1

TABLE LVII.

Causes of Death at Different Periods of Life in the Administrative County.

CAUSES OF DEATH		Sex.	AGGREGATE OF URBAN DISTRICTS.											AGGREGATE OF RURAL DISTRICTS.											
		All Ages.	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—	All Ages.	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
ALL CAUSES		M. 561 F. 557	33 16	5 5	11 8	9 6	18 19	13 11	19 20	46 43	99 75	133 133	175 221	777 686	34 24	5 6	6 5	10 7	28 14	21 18	30 34	56 33	110 85	201 177	276 283
1. Typhoid and Paratyphoid Fevers		M. 2 F. 2	— —	— —	— —	— —	— —	— —	— —	1 —	— —	1 —	— —	1 —	— —	— —	— —	— —	— —	— —	— —	1 —	— —	— —	— —
2. Measles		M. 1 F. 3	— 1	— 2	— —	— —	— —	— —	— —	— —	— —	— —	— —	3 3	— 2	— 1	— —	— —	— —	— —	1 —	— —	— —	1 —	— —
3. Scarlet Fever		M. 1 F. 2	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
4. Whooping Cough		M. 3 F. 2	1 —	2 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	2 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
5. Diphtheria		M. 5 F. 1	— —	— —	2 2	3 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
6. Influenza		M. 4 F. 10	1 —	— —	1 —	— —	— —	— —	3 —	2 —	2 —	1 —	3 2	10 7	1 —	— —	— —	1 —	— —	1 —	— —	— —	— —	— —	— —
7. Encephalitis Lethargica		M. 1 F. 1	— —	— —	— —	— —	1 —	— —	— —	— —	— —	— —	— —	1 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
8. Cerebro-spinal Fever		M. 1 F. 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	1 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
9. Tuberculosis of the Respiratory system		M. 20 F. 24	— —	1 —	— —	— —	5 7	2 5	3 4	6 4	3 2	— 1	— —	28 22	— —	— —	— —	— —	4 6	6 8	4 2	5 2	6 —	3 4	— —
10. Other Tuberculous Diseases		M. 7 F. 4	2 —	1 3	1 1	1 —	— —	— —	— —	2 —	— —	— —	— —	11 4	— 1	— —	2 1	1 1	2 —	— —	3 —	2 —	1 —	— 1	— —
11. Syphilis		M. 3 F. 1	1 —	— —	— —	— —	— —	— —	— —	— —	1 —	1 —	— —	2 1	— —	— —	— —	— —	— —	— —	— —	— —	1 —	1 —	— —
12. General Paralysis of the Insane, tabes dorsalis		M. 1 F. 1	— —	— —	— —	— —	1 —	— —	— —	1 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
13. Cancer, Malignant Disease		M. 77 F. 89	— —	— —	— —	— —	3 —	1 —	1 —	9 10	22 25	31 21	13 29	121 127	— —	1 —	— —	— —	— —	— —	3 5	12 9	22 36	53 41	30 36
14. Diabetes		M. 11 F. 17	— —	— —	— —	— —	1 —	— —	— —	2 —	3 1	3 6	7 13	16 20	— —	— —	— —	1 —	1 —	1 —	— —	— —	4 5	6 7	4 4
15. Cerebral Haemorrhage, etc.		M. 32 F. 41	— —	— —	— —	— —	— —	— —	3 —	— —	6 5	10 11	13 24	46 55	— —	— —	— —	— —	— —	— —	— —	2 2	9 5	12 19	23 29
16. Heart Disease		M. 136 F. 143	— —	— —	— —	1 —	2 —	— —	4 —	11 7	27 15	35 50	56 67	209 183	— —	— —	1 —	— —	1 —	— —	4 4	9 6	32 15	61 46	101 110
17. Aneurysm		M. 2 F. 3	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
18. Other Circulatory Diseases		M. 23 F. 39	— —	— —	— —	— —	— —	— —	— —	1 1	3 4	8 11	11 23	28 41	— —	— —	— —	— —	— —	— —	1 —	3 2	1 9	5 13	18 16

Causes of Death at Different Periods of Life in the Administrative County.

[illegible]

1935.

TABLE LVIII.
NOTIFIABLE DISEASES.
Infectious Diseases (Notification) Act, 1899.

DISTRICT.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puerperal Fever.	Puerperal Pyrexia.	Pneumonia.	Polio-myelitis.	Polio-encephalitis.	Cerebro-Spinal Fever.	Lecephalitis.	Ophthalmia Neonatorum.	Erysipelas.	Malaria.	Smallpox.	Dysentery.	Total.
URBAN.																
Aldeburgh ..	15 (13)	—	1	—	—	1	—	—	—	—	1	—	—	—	—	18
Beccles ..	5	3	1	—	—	2	—	—	—	—	—	—	1	—	—	14
Bungay ..	1	—	—	1	—	2	—	—	—	—	—	—	—	—	—	11
Eye ..	1	3	—	—	—	1	—	—	—	—	—	—	—	—	—	5
Felixstowe ..	6	5	—	—	—	1	—	—	—	—	—	—	—	—	—	16
Halesworth ..	—	9	—	—	—	3	—	—	—	—	—	4	—	—	—	12
Leiston ..	6	—	—	—	—	4	—	—	—	—	—	—	—	—	—	14
Lowestoft ..	60	100	98	1	1	32	—	—	1	—	9	3	—	—	—	325
Saxmundham ..	7	—	—	—	5	1	—	—	—	—	—	19	—	—	—	8
Southwold ..	12	—	2	—	—	1	—	—	—	—	—	—	—	—	—	17
Stowmarket ..	34	—	—	—	—	6	—	—	—	—	1	2	—	—	—	43
Woodbridge ..	30	1	1	1	—	7	—	—	—	—	—	1	—	—	—	41
Totals ..	177	121	103	2	7	67	—	—	1	—	11	34	1	—	—	524
RURAL.																
Blyth ..	45 (46)	1	1	—	1	7	—	—	—	—	—	4	—	—	—	59
Deben ..	36	3	1	2	3	18	—	—	—	1	2	14	—	—	—	80
Gipping ..	45 (44)	7 (8)	—	1	2	15	—	—	—	—	1	4	—	—	—	75
Hartismere ..	42	—	2 (3)	4	5	9	—	—	—	—	2	4 (5)	—	—	—	68
Lothlingland ..	32 (28)	3	7	—	2	7	—	1	—	—	2	2	—	—	—	56
Samford ..	10	5	5	1	1	19	—	—	—	—	1	2	—	—	—	44
Wainford ..	2	1	1	—	1	2	—	—	—	—	—	5	—	—	—	12
Totals ..	212	20	17	8	15	77	—	1	—	1	8	35	—	—	—	394
Administrative County ..	389	141	120	10	22	144	—	1	1	1	19	69	1	—	—	918

N.B.—Figures in brackets were those returned to the Registrar General.

NORMANSTON HOSPITAL.

In my last report I mentioned the contemplated change at Normanston Hospital from a sanatorium dealing with men only to one for both men and women ; during 1935 the change was made, work upon the building commencing in July and being completed in November, this entailed the demolition of an old army hut used as a recreation and dining room and in its place the erection of a combined dining room and two recreation rooms, one for men and the other for women ; these three rooms were designed by the County Architect and are admirable for the purpose they serve both in external appearance and internal arrangement. These changes combined with the gradual improvement of the grounds during the last year or two make Normanston Hospital a very much more attractive institution.

APPENDIX.

EAST SUFFOLK COUNTY COUNCIL.

SIXTEENTH
ANNUAL REPORT

—of—

NORMANSTON HOSPITAL.

1935.

NORMANSTON HOSPITAL.

Staff.*Medical Superintendent :*

Doctor M. A. MacDonald.

Matron :

Miss M. Dixon.

Nursing Staff :

Sister—Miss A. Kerr.
2 Assistant Nurses.
2 Probationer Nurses.

Domestic Staff :

Cook—Miss H. Carter.
2 Housemaids.
Kitchen Maid.
Ward Maid.

Groundsmen :

Mr. W. J. Foreman.
2 Assistant Groundsmen.

NORMANSTON HOSPITAL, OULTON BROAD.

ANNUAL REPORT FOR THE YEAR 1935.

There were resident in the Hospital on January 1st, 1935, the following number of patients :—

		<i>Total.</i>	<i>Male.</i>	<i>Female.</i>
East Suffolk County Council	....	23	23	—
Other Areas	....	nil	—	—
TOTALS	....	23	23	—

There were admitted to the Hospital during the year 1935 the following number of patients :—

		<i>Total.</i>	<i>Male.</i>	<i>Female.</i>
East Suffolk County Council	....	46	42	4
Norfolk County Council	....	1	1	—
TOTALS	....	47	43	4

		<i>Total.</i>	<i>East Suffolk.</i>		<i>Other Areas.</i>	
			<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
Walking Cases	....	19	18	—	1	—
Ambulance Cases	....	24	20	4	—	—
By Car	....	4	4	—	—	—
TOTALS	....	47	42	4	1	—

There were discharged from the Hospital (including patients died) during the year 1935, the following number :—

		<i>Total.</i>	<i>Male.</i>	<i>Female.</i>
East Suffolk County Council	....	52	52	—
Norfolk County Council	....	1	1	—
TOTALS	....	53	53	—

		<i>Total.</i>	<i>East Suffolk.</i>		<i>Other Areas.</i>	
			<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
Walking Cases	....	27	27	—	—	—
Ambulance Cases	....	12	12	—	—	—
By Car	....	2	1	—	1	—
Died	....	12	12	—	—	—
TOTALS	....	53	52	—	1	—

There were resident in the Hospital on 31st December, 1935, the following number of patients :—

		<i>Total.</i>	<i>Male.</i>	<i>Female.</i>
East Suffolk County Council	....	17	13	4

The average number of Beds occupied during the year 1935 was 22.3.

Of the cases who completed a course of treatment :—

(a) Diagnosis and stage of pulmonary disease on discharge (or death).

			<i>Total.</i>	<i>East Suffolk.</i>	<i>Other Areas.</i>
Advanced (Stage 3)	....	....	14	13	1
Intermediate (Stage 2)	....	....	20	20	—
Early (Stage 1)	....	....	17	17	—
Observation	....	....	—	—	—
Non-Pulmonary	....	....	2	2	—
Disease arrested	....	....	—	—	—
TOTALS	....	....	53	52	1

(b) Complications of tuberculous disease (including cases discharged or died).

T.B. laryngitis	....	....	....	4
T.B. enteritis	....	....	....	1
T.B. meningitis	....	....	....	1
Fistula in ano	....	....	....	3
Renal tuberculosis	....	....	....	1

Year.	Advanced.	Intermediate.	Early and Observation.	Non- Pulmonary.	Disease arrested.
1928	36.23	33.33	26.09	2.90	1.45
1929	39.29	46.43	12.50	1.78	—
1930	36.00	42.00	12.00	10.00	—
1931	44.23	23.08	19.23	11.54	1.92
1932	30.51	50.85	18.64	—	—
1933	28.85	30.77	28.84	11.54	—
1934	21.74	34.79	41.30	2.17	—
1935	26.42	37.73	32.08	3.77	—

(c) State on Discharge.

			<i>Total.</i>	<i>East Suffolk.</i>	<i>Other Areas.</i>
(1) Improved.					
Working 4 hours daily	....	....	3	3	—
Working 3 „ „	....	....	13	13	—
Working less than 3 hours daily			10	10	—
Not on work	....	....	4	3	1
(2) In Statu Quo	....	....	9	9	—
(3) Retrogressive	....	....	2	2	—
(4) Died	....	....	12	12	—
TOTALS	....	....	53	52	1

Year.	On Work.	Improved but not working.	In Statu Quo.	Retro-gressive.	Died.	Total.	Dis-charged On work %.
1928	33	—	10	13	13	69	47.8
1929	21	9	3	8	15	56	37.5
1930	20	8	6	8	8	50	40.0
1931	12	18	1	8	13	52	23.1
1932	29	11	—	5	14	59	49.1
1933	27	3	10	3	9	52	51.9
1934	23	6	6	—	11	46	50.0
1935	26	4	9	2	12	53	49.1

					Admitted.	Discharged (or died).
(d)	Cases from Administrative County (including Lowestoft)	....	....	....	46	52
	Cases from Other Areas	....	....	....	1	1
	TOTALS	....	....	....	47	53

					Admitted.	Discharged (or died).
(e)	Discharged Soldiers, Sailors and Airmen	....	....	....	7	5
	Civilians	....	....	....	40	48
	TOTALS	....	....	....	47	53

(f) Duration of Treatment :—

Average for Patients discharged (excluding deaths) was 29.6 weeks.
Maximum period of treatment (excluding deaths) was 104 weeks
4 days.

Treatment Results.

Of the Cases discharged 56.6% made good progress—49.1% being on grade work (which in most cases included light work in the garden).
During theyear the routine estimation of the Patients' Blood SedimentationRate by the ' Micro-method ' was commenced. It is hoped that this test will prove a useful aid to prognosis, and a guide in determining the grade of exercise suitable for those Patients whose temperatures have settled.

Of the Cases admitted :—

(a) Place of Residence before Admission.	Number of Patients.
Lowestoft and Oulton Broad	16
Beccles	3
Wickham Market	3
Bungay	2
Belton	2
Framlingham	2
Stowmarket	2
Felixstowe	2
Brome	1
Bergholt	1
Blaxhall	1
Bradwell	1
Brantham	1
Brightwell	1
Cattawade	1
Freston	1
Halesworth	1
Iken	1
Onehouse	1
Shotley	1
Wrentham	1
Woodbridge	1
Norfolk C.C.	1
	—
TOTAL	47
	—

(b) Occupation.	Number of Patients.
Clerks	4
Labourers	4
Gardeners	3
Farm Labourers	3
Printers	3
Fishermen	2
Carters	2
Domestic Servants	2
Barmen	2
Bricklayers	1
Boot Repairer	1
Ditching Foreman	1
Engine Driver	1
Grocer	1
House Decorator	1
Housewife	1
Joiner	1
Lorry Driver	1
Laundry Hand	1
Moulder	1
Newsagent	1
Plumber	1
Tinsmith	1
Of no occupation	1
Discharged Soldiers, Sailors and Airmen	7
	—
TOTAL	47
	—

Visiting Committee.

There were eleven ordinary Meetings throughout the year 1935. On the resignation in May of Mr. A. Jenner, Major Selwyn W. Humphery was elected to the chair.

I should like to take this opportunity of expressing to the Committee my appreciation of their kind help and interest in all hospital affairs.

Chaplain.

My gratitude is due to Canon Enraght, the Honorary Chaplain, and his representative, the Rev. G. W. Holmes, of S. Margaret's Church. Divine Service has continued to be conducted weekly, and the seriously-ill patients visited when necessary.

Staff.

Nursing. No Nursing Staff changes occurred during the year.
Domestic. Phylis Bardwell *vice* Alice Colby resigned. Senior housemaid Emily Hales succeeded Phylis Bardwell as wardmaid.
Garden. Stanley Foreman (Gardener's boy.) *vice* Hiley Cudmore resigned.

Buildings.

The Hospital has been much improved by the addition of two sitting rooms, apart from the main building, for men and women patients. They have large windows, south-west and east, are comfortably and tastefully furnished and warmed by coal fires. The temporary wooden dining room was pulled down and replaced by a permanent brick building, which makes a delightful dining room, well heated, and suitably furnished.

Furniture.

New furniture was purchased for the sitting rooms and dining room and much of the cubicle furniture re-conditioned.

Admission of Women Patients.

No structural alterations to the cubicles were necessary for the admission of female cases, for in the original plan the hospital was designed for both men and women patients.

Thirteen of the beds have been taken over for women patients, and the first cases were admitted in December, 1935.

Hot Water System.

The hot water system was overhauled, two tanks and a new boiler being installed.

Supplies.

Contracts for supplies for a period of six months were made as formerly.

Poultry and Garden Produce.

3,400 eggs (of which 800 were put down for the winter) and fowls to the weight of 33-lbs., were received for use. Marketable value, £19 19s. 3d. (less cost of food, etc., £7 16s. 2d.). Total Profit, £12 3s. 1d.

The late frost was accounted responsible for a poor supply of all vegetables (and potatoes, 1½ tons) ; also apples, 5½ cwt. ; pears, 20-lb. ; and raspberries, 50-lb. Other fruit was plentiful, and the flowers lovely.

Recreation.

Throughout the year whist drives, concerts, etc., were, as before, arranged at intervals, for the entertainment of the Patients.

I am indebted to Members of the Lowestoft Amateur Players, who very kindly gave their services on several occasions, and to the Lowestoft Branch of Toc. H., whose members, during the winter months, provided many amusing programmes with their cinematograph.

Bowls.

Many games of bowls were enjoyed by the Patients (and Staff) during the summer months, and visiting teams from Lowestoft and Beccles were entertained on nine occasions.

The adult School Club, Beccles, also entertained Patients to a game on their own green, as did the Oulton Broad Ladies' Club.

The Sparrows' Nest and Kensington Gardens Bowling Clubs very kindly sent, per Mr. Jenner, a gift of money to be expended on bowls prizes.

Gifts.

Other friends of the Hospital were very generous to the Patients at Christmas-time, and gifts of vegetables were received from the Church after the Harvest Services.

The County Librarian, and Boots, Ltd., Lowestoft, sent many books, which were greatly appreciated.

M. A. MACDONALD,

Medical Superintendent.

April 4th, 1936.

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EAST SUFFOLK COUNTY COUNCIL.



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